



200501000012
Skagit County Auditor

AFTER RECORDING RETURN TO:

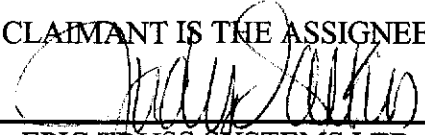
LIEN RESEARCH CORP.
P. O. BOX 148
MARYSVILLE, WA 98270

CLAIM OF LIEN

EPIC TRUSS SYSTEMS LTD
Claimant.
VS
JOHN R. COX & ASSOCIATES LLC
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: EPIC TRUSS SYSTEMS LTD
TELEPHONE NUMBER: (604) 850-3522
ADDRESS: 890 RIVERSIDE ROAD, ABBOTSFORD, B.C, CANADA. V2S 7P6
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: SEPTEMBER 15, 2004
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JOHN R. COX & ASSOCIATES LLC, P.O. BOX 456, ANACORTES, WA. 98221
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 4118 ELLISPORT PLACE, ANACORTES, WA.
LEGAL DESCRIPTION: LOT 50, MARINE HEIGHTS, (AKA-LOT 3, CITY OF ANACORTES SHORT PLAT NO. ANA-02-001, AS RECORDED UNDER AUDITOR'S FILE NO. 200204190137), RECORDS OF SKAGIT COUNTY, WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P119091
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
DELNO S. ZANE, JR. & SHADRA D. ZANE, 4523 N. PORSCHE WAY, BOISE, ID. 83713
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED; PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE OR MATERIAL, OR EQUIPMENT WAS FURNISHED: OCTOBER 14, 2004
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$13,815.06, PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR, PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.



For, EPIC TRUSS SYSTEMS LTD, Claimant
890 RIVERSIDE ROAD
ABBOTSFORD, B.C, CANADA. V2S 7P6
(604) 850-3522
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

JUDY SARKIS, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

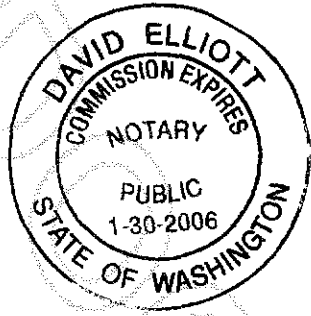


On this day personally appeared before me, JUDY SARKIS, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 5 day of January, 2005



PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: EVERETT
My commission expires: 1/30/2006



Order #05-010156, dated: 12/22/2004



200501060012
Skagit County Auditor