PLEASE RECORD AND RETURN TO: LienData USA, Inc. Agents For P.O. Box 1120 Bothell, WA 98041-1120 200505260049 Skagit County Auditor

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210:47AM

ALL-WAYS AIR CONTROL INC., CLAIMANT,

VS.

JOHN R. COX & ASSOCIATES,

Person or Persons Indebted to Claimant,

CLAIM OF LIEN

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

Owner: Gerald E & Patricia M Schwafel

1. NAME OF LIEN CLAIMANT: ADDRESS:

All-Ways Air Control Inc. 1515 S. Center St. Tacoma, WA 98409

TELEPHONE NUMBER:

(253) 383-7718

- 2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT: February 21, 2005
- 3. NAME OF PERSON INDEBTED TO CLAIMANT:
 John R. Cox & Associates
 P.O. Box 456
 Anacortes, WA 98221
- 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: MARINE HEIGHTS, LOT 15E OF SURVEY AF#
 200107110195, ACRES 0.25, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHEAST CORNER OF LOT 15; THENCE SOUTH 78 DEGREES 54'00" WEST 103.58 FEET; THENCE THROUGH A CURVE TO THE RIGHT HAVING A RADIUS OF 380 FEET, AN ARC LENGTH OF 63.07 FEET AND A DELTA OF 9 DEGREES 30'35"; THENCE SOUTH 5 DEGREES 59'35" EAST 36.78 FEET; THENCE SOUTH 83 DEGREES

Commonly Known As: Parcel #P111753

4314 Marine Heights Way Anacortes, Skagit County, Washington

- 5. NAME OF THE OWNER OR REPUTED OWNER:
 Gerald E & Patricia M Schwafel
 4314 Marine Heights Way
 Anacortes, WA 98221-8287
- 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: May 24, 2005
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN

IS CLAIMED IS:

\$8,057.64

PLUS INTEREST PLUS LIEN FEES

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Not Applicable

DATED this 24th day of May, 2005.

LienData USA,Inc.

AGENT FOR CLAIMANT P.O. Box 1120

Bothell, WA 98041-1120

All-Ways Air Control Inc.

CLAIMANT 1515 S. Center St.

Tacoma, WA 98409

STATE OF WASHINGTON

ss.

COUNTY OF KING

Heather Glanville, being sworn, says:

I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and 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.

Heather Glanville

SUBSCRIBED AND SWORN to before me this 24th day of May, 2005

Judi M. Elsbree

NOTARY PUBLIC in and for the

State of Washington, residing at Bothell.

My Commission expires: 08/18/07

M. ELSON ELS

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