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idexing informati	lion required by the Weshington State Auditors/Recorder's Office, [RCW 38.18 a	and RCW 55.04) 1/97:	(picase print last name first)
			Add'l, on pg
rantor(s) (Ov	wner): (1) Kichards Washer Tr. Wuster		Add'l. on pg
Grantee(s) (Cl	laimants): (1) DAY FUINT Flom Programme 4 Herrister	45\$6 Block 2 A	
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essessor's Pro	operty Tax Parcel /Account # P73917 4121-0		
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70.5 000	CA PROMOTER A HEREITE CONTRACTOR SERVICES	7	
RAY POH	nt Plumbine, & HEATING		
(A)	CA COOK ve X		
CA633	CA COOK vs. S. G. WAGNER TRUST		
(A)	Claimant CA COOK WASHER TRUST Name of person indebted to Claimant		
SAND	CA COK S. WASNEY TRUST Name of person indebted to Claimant	ime a lien nursúant t	o chapter 60.04 RCW.
SAMD Richard	Name of person indebted to Claimant is bereby given that the person named below cla	ims a lien pursúant t	o chapter 60.04 RCW.
SAMD Richard	Name of person indebted to Claimant is hereby given that the person named below claim of this lien the following information is submitted.	teu.	
SAMD Richard	Name of person indebted to Claimant is hereby given that the person named below claim of this lien the following information is submitted.	ieu:	
SAM Richard Notice i In support	Name of person indebted to Claimant is hereby given that the person named below claim of this lien the following information is submitted.	ieu:	
SAM Richard Notice i In support	Name of person indebted to Claimant is hereby given that the person named below claimant of this lien the following information is submitted to the control of the following information is submitted. NAME OF LIEN CLAIMANT: TELEPHONE NUMBER: 34. 734 7770 ADDRESS BELLINGIAM LA 98226	ING & HEATING SS: 4339 ALDIUC	H.C.
SAM Richard Notice i In support	Name of person indebted to Claimant is hereby given that the person named below cla of this lien the following information is submitted NAME OF LIEN CLAIMANT: BAY COINT FLORIDA TELEPHONE NUMBER: 34. 7340770 ADDRESS BELLING NAME OF LIEN CLAIMANT BELLING NAME OF LIEN CLAIMANT BAY COINT FOR ADDRESS BELLING NAME OF COUNTY TO PERSON TO PERSON	ALABOR PROVIDE PRO	FESŜIONAL SERVICES.
SAMO Notice in support	Name of person indebted to Claimant is hereby given that the person named below claimant of this lien the following information is submitted to the following information is submitted. NAME OF LIEN CLAIMANT: 124 COUNTY (1000) TELEPHONE NUMBER: 34 TO 14 COUNTY (1000) TELEPHONE NUMBER: 34 TO 15 TO PERFORE SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON	ALABOR PROVIDE PRO	FESŜIONAL SERVICES.
SAMO Notice in support	Name of person indebted to Claimant is hereby given that the person named below cla of this lien the following information is submitted NAME OF LIEN CLAIMANT: 100 (100) TELEPHONE NUMBER: 30 TO 770 ADDRESS DELING NAME OF A TO 200 ADDRESS DELING NAME A TO 200 ADDRESS DATE ON WHICH THE CLAIMANT BEGAN TO PERFOR SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON BECAME DUE: July 21, 2005	M LABOR, PROVIDE PRO WHICH EMPLOYEE BEN	FESSIONAL SERVICES, SEFIT CONTRIBUTIONS
SAMO Notice in support	Name of person indebted to Claimant is hereby given that the person named below cla of this lien the following information is submit NAME OF LIEN CLAIMANT: BAY COME TOWN TELEPHONE NUMBER: 344 TO 94 0770 ADDRESS DATE ON WHICH THE CLAIMANT BEGAN TO PERFOR SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON BECAME DUE: July 21, 2005 NAME OF PERSON INDEBTED TO THE CLAIMANT: SAME	M LABOR, PROVIDE PRO I WHICH EMPLOYEE BEN 1000A COOK / KICKY	FESSIONAL SERVICES. HEFIT CONTRIBUTIONS FLE GWAGNER TRUS
SAM DE RICHARD Notice in In support 1.	Name of person indebted to Claimant is hereby given that the person named below cla of this lien the following information is submitted NAME OF LIEN CLAIMANT: 624 Cond (Long) TELEPHONE NUMBER: 344 734 770 ADDRESS BELLING NAME OF ELAIMANT BEGAN TO PERFORE SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON BECAME DUE: July 21, 2005 NAME OF PERSON INDEBTED TO THE CLAIMANT: SAT	M LABOR, PROVIDE PRO I WHICH EMPLOYEE BEN 1000A COCK/KICH	FESSIONAL SERVICES. HEFIT CONTRIBUTIONS FLE GWAGNER TRUS
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SAM DE RICHARD Notice in In support 1.	Name of person indebted to Claimant is hereby given that the person named below cla of this lien the following information is submitted NAME OF LIEN CLAIMANT: BAY COUNTY (LUMBER) TELEPHONE NUMBER: 34 734770 ADDRESS DESCRIPTION OF THE CLAIMANT BEGAN TO PERFORE SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON BECAME DUE: July 21, 2005 NAME OF PERSON INDEBTED TO THE CLAIMANT: SATE DESCRIPTION OF THE PROPERTY AGAINST WHICH A description or other information that will reasonably description.	M LABOR, PROVIDE PRO I WHICH EMPLOYEE BEN MOUR COCK/KICLY LIEN IS CLAIMED (street Tibe the property);	FESSIONAL SERVICES, IEFIT CONTRIBUTIONS ALL GUAGNER TRUS address, legal
Notice in support 1. 2. 3.	Name of person indebted to Claimant is hereby given that the person named below claimant of this lien the following information is submitted to the claimant of this lien the following information is submitted. NAME OF LIEN CLAIMANT: 624 Cond Claimant TELEPHONE NUMBER: 344 TO 40770 ADDRESS AD	M LABOR, PROVIDE PRO I WHICH EMPLOYEE BEN MOUA (COK/KICLY LIEN IS CLAIMED (streat ribe the property):	FESSIONAL SERVICES, INFIT CONTRIBUTIONS HIN COMPENSE TRUE address, legal
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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS C	# 4797.77
8. The Claimant is the assignee of this C	.1
	VA Schunge
	Chamani Dennis Schuppeze Resident Council
	Print or Type Name 42,3 5 HLDRICH A
	Address Hingtom WA98226
	360.734-0770
	Telephone Number
and the state of t	
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The second s	e _w
STATE OF WASHINGTON SS.	
County of SKAGI	
the claimant, or administrator, representation or a	being sworn, says: I am the claiment (or attorney of
named; I have read or heard the fortholds. Chap the	gent of the trustees of an employee benefit plan) above sed end know the contents thereof, and believe the same to be
excessive under penalty of penury	denus and is made with reasonable cause, and is not clearly
NOTARY OF THE PUBLIC AS	
Out Proces	
Date this AND 25	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
WASHINI WASHINI	wo yme w. traou
	int Name JAN W. TYADA
	otary Public in and for the State of WH
M _i	y appointment expires: 11.25.2006
NOTE THE OF ANY OF ANY	
	FOR RECORDING IN THE COUNTY WHERE THE HAN NINETY (90) DAYS AFTER THE CLAIMANT
OR THE LAST DATE ON WHICH EMPLOYEE	BENEFIT CONTRIBUTIONS ATTENDED
TION TO ANY NOTICE REQUIREMENTS TH	AT MAY BE PROVIDED BY LAW.

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