



200508080170

Skagit County Auditor

8/8/2005 Page

1 of

2 2:00PM

Return Address:

Darin R Brewer
17719 West Biglaka Blvd
mt. Vernon WA 98274

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97:

(please print last name first)

Reference # (if applicable):

Grantor(s) (Owner): (1) Kristofer Shad Goode (2) Add'l. on pg

Grantee(s) (Claimant): (1) Rocky Creek Alliance (2) Add'l. on pg

Legal Description (abbreviated): Add'l. legal is on page

Assessor's Property Tax Parcel /Account # 4827-000-006-0000

Rocky Creek Alliance

Claimant

Kristofer Shad Goode

vs.

Name of person indebted to Claimant

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:

1. NAME OF LIEN CLAIMANT: Rocky Creek Alliance
TELEPHONE NUMBER: 360-401-5193 ADDRESS: 17719 West Big Lake Blvd
mt. Vernon WA 98274
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: 4/18/05
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Kristofer Shad Goode
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal
description or other information that will reasonably describe the property): 3001 Arbor Street
mt. Vernon WA 98273 P121101 Rosewood PUD Phase 2
Division 1, Lot 66, Acres: .13 AF#200312030091
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Kristofer Shad Goode
TELEPHONE NUMBER: 360-391-4245 ADDRESS: 3001 Arbor St.
mt. Vernon WA 98273
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: 7/12/05



Claim of Lien

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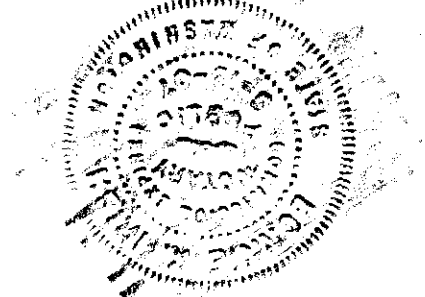
www.wlbforms.com



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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Signed and sworn to before me on this 3 day of August 2005
 Print Name Bonnie K. Irish
 Notary Public in and for the State of Washington
 My appointment expires: 5/19/07

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.

Darin R Brewer (member)

STATE OF WASHINGTON
 County of Skagit
 SS. }

Claimant Rocky Creek Alliance
 Print or Type Name Darin R Brewer (member)
 Address 1719 West Big Lake Blvd
Mt. Vernon, WA 98274
 Telephone Number (360) 421-5793

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$8,232.
 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: yes