200508080170
Skagit County Auditor
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Return Address:
Darin R Brewer
17719 West Biglake 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) Kristafer Shad Goode (2) _____ Add'l. on pg_____
Grantee(s) (Claimants): (1) Rocky Creek Alliance (2) _____ Add'l. on pg_____
Legal Description (abbreviated): _____ Add'l. legal is on page_____
Assessor's Property Tax Parcel /Account # 4827-000-066-0000

Rocky Creek Alliance
Claimant
vs.
Kristafer Shad Goode
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) 421-5793 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: Kristafer 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 P12110 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"): Kristafer 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

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

Rocky Creek Alliance
Claimant Darin R Brewer (member)
Print or Type Name
17719 West Big Lake Blvd
Address mt. Vernon, WA 98274
(360) 421-5793
Telephone Number

STATE OF WASHINGTON)
) ss.
County of Skagit)

Darin R Brewer (member), 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.

Signed and sworn to before me on this 3 day of August 2005

Bonnie K. Irish
Print Name Bonnie K. Irish
Notary Public in and for the State of Washington
My appointment expires: 5/19/07

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.

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