



200508080171
Skagit County Auditor

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Return Address:

Darin R Brewer
17719 West Big Lake 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) <u>Corey Zembruski</u>	(2)	Add'l. on pg
Grantee(s) (Claimants): (1) <u>Rocky Creek Alliance</u>		Add'l. on pg
Legal Description (abbreviated):		Add'l. legal is on page
Assessor's Property Tax Parcel /Account # <u>3932-000-009-0008</u>		

Rocky Creek Alliance
Claimant
vs.
Corey Zembruski
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:

- NAME OF LIEN CLAIMANT: Rocky Creek Alliance
TELEPHONE NUMBER: 8601421-5793 ADDRESS: 17719 West Big Lake Blvd
Mt. Vernon WA 98274
- 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
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Corey Zembruski
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 16695 Petersen Rd
Burlington, WA 98233
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Corey Zembruski
TELEPHONE NUMBER: (360) 319-3764 ADDRESS: 16695 Petersen Rd
Burlington, WA 98233
- 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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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 Donnie K. Irish
 Notary Public in and for the State of Washington
 My appointment expires: 5/19/07

under penalty of perjury.
 named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true
 rey of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above
 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
Darin & Brewer (member)

STATE OF WASHINGTON
 County of Skagit
 SS. }

Claimant
Bailey Creek Alliance
Darin & Brewer (member)
 Print or Type Name
1779 West Big Lake Blvd
 Address
mt Vernon, WA 98274
(360) 421-5793
 Telephone Number

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