



200510030176

Skagit County Auditor

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3 2:05PM

Return Address:

John R Cox & Associates LLC
P.O. Box 456
Anacortes, WA 98221

CLAIM OF LIEN

Claimant (Grantee):

John R Cox & Associates, LLC, a Washington
Limited Liability Company

Person of Company Indebted

To Claimant (Grantor): Regal Hospitality, LLC.

Abbreviated Legal Description:

P55018; ANACORTES LTS 17 & 18 BLK 24

P55017; ANACORTES LOT 16 BLK 24

P55016; ANACORTES LTS 14 & 15 BLK 24

P55015; ANACORTES LTS 11 TO 13 BLK 24 TGW S1/2 OF VAC ALLEY ADJ

P55014; ANACORTES S 50FT LTS 8 TO 10 BLK 24 TGW N1/2 OF VAC ALLEY ADJ

Assessor's Property

Tax Parcel / Account No.: P55018 (XrefID: 3772-024-018-0000), P55017 (XrefID: 3772-024-016-0002), P55016 (XrefID: 3772-024-015-0003), P55015 (XrefID: 3772-024-013-0005), P55014 (XrefID: 3772-024-010-0107).

Reference Nos of Documents

Assigned or Released: None

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: John R Cox & Associates, LLC
P.O. Box 456
Anacortes, WA 98221
(360) 293-9426
2. Date on which the claimant began to perform labor, provide professional services, supply materials or equipment or the date on which employee benefit contributions became due: April 16, 2005
3. Name of person or contractor indebted to claimant:
Regal Hospitality, LLC.
4. Description of the property against which a Lien is claimed:

P55018 (XrefID: 3772-024-018-0000), P55017 (XrefID: 3772-024-016-0002), P55016 (XrefID: 3772-024-015-0003), P55015 (XrefID: 3772-024-013-0005), P55014 (XrefID: 3772-024-010-0107).
5. Name of owner or reputed owner:
Regal Hospitality, LLC.
419 Commercial Avenue
Anacortes, WA 98221
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: August 15, 2005
7. Principal amount for which the Lien is claimed: \$ 103,947.22 plus Interest @ 18%, plus lien fees, plus attorneys fees.
8. Is the claimant the assignee of this claim?

 X No

 Yes, State name of Assignor



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CLAIMANTS VERIFICATION

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

JOHN RANDY COX, being sworn, says: I am the representative of the claimant 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.

John Randy Cox

ACKNOWLEDGEMENT OF CLAIMANT'S SIGNATURE

On this 3RD day of OCTOBER, 2005, before me personally appeared JOHN RANDY COX, to me known to be the managing member and representative of JOHN R COX & ASSOCIATES LLC, that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said Limited Liability Company, for the uses and purposes therein mentioned, and on oath stated that HE was authorized to execute said instrument.

In witness whereof I have hereunto set my hand and affixed my official seal this day.

SUBSCRIBED AND SWORN TO before me this 3RD day of OCTOBER, 2005.



Printed Name BRITTA LANG

NOTARY PUBLIC in and for the State of

Washington; residing at: ANACORTES, WA

My commissiⁿ: 11/01/2008



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