200510050080
Skagit County Auditor
10/5/2005 Page 1 of 2 10:07AM

Return Address:

Western Forest Products
2192 Division Street
Bellingham, WA 98226

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) John Rona (2) Gayle Rona Add'l. on pg ___

Grantee(s) (Claimants): (1) Western Forest Products Inc. (2) _____ Add'l. on pg ___

Legal Description (abbreviated): Lot 2 Short Plat #97-0043 Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # P116410

Western Forest Products
Claimant
vs.
Rona Construction
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: Western Forest Products Inc.
TELEPHONE NUMBER: (360)733-5474 ADDRESS: 2192 Division Street
Bellingham, Wa 98226

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: August 12, 2004

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Rona Construction

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 2 Short Plat#97--0043 AF#199910220076 Being a portion of tract 2 survey AF#8909210058 located in SE1/4 NE1/4 AKA-22618 N. Starbird Rd Mt. Vernon, WA 98274

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): John & Gayle Rona
TELEPHONE NUMBER: (360)428-4016 ADDRESS: 16432 Penn Road Mt. Vernon Washington 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: August 26, 2005

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 10,571.98

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : _____

Jan DeVore - Comptroller for
~~Western Forest Products, Inc.~~
Claimant
Western Forest Products, Inc.
Print or Type Name
2192 Division Street
Address
Bellingham, WA 98226

(360)733-5474
Telephone Number

STATE OF WASHINGTON }
} ss.
County of Whatcom }

Jan DeVore, 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.

Jan DeVore

Signed and sworn to before me on this 4th day of October, 2005.

Christie Lynn Rector

Print Name Christie Lynn Rector

Notary Public in and for the State of Washington

My appointment expires: December 22, 2008

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.

200510050080
Skagit County Auditor
10/5/2005 Page 2 of 2 10:07AM