



200511220027
Skagit County Auditor

11/22/2005 Page 1 of 2 9:22AM

AFTER RECORDING RETURN TO:

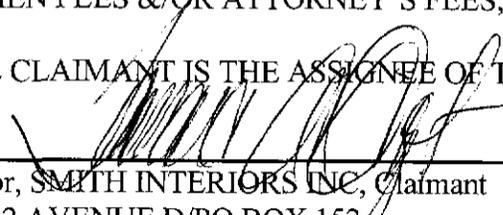
LIEN RESEARCH CORP.
P.O. BOX 148
MARYSVILLE, WA 98270

CLAIM OF LIEN

SMITH INTERIORS INC Claimant. VS LAND & SEA DEVELOPMENT (Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

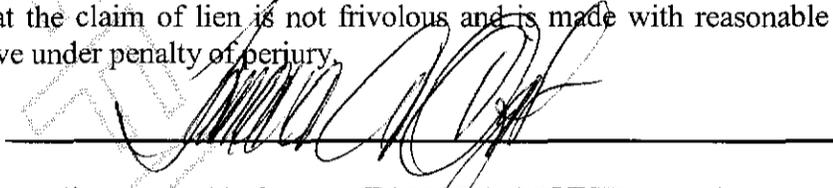
1. NAME OF LIEN CLAIMANT: SMITH INTERIORS INC
TELEPHONE NUMBER: (360) 568-2116
ADDRESS: 112 AVENUE D/PO BOX 152, SNOHOMISH, WA. 98290
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: AUGUST 8, 2005
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: LAND & SEA DEVELOPMENT, 640 W STATE RT 20, SEDRO WOOLLEY, WA. 98284
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: DOLL TECHNOLOGY REMODEL, 640 W STATE ROUTE 20, SEDRO WOOLLEY, WASHINGTON
LEGAL DESCRIPTION: LOTS 1,2,8,9 & 10, SEDRO AC PTN SEDRO ACREAGE, AKA TRACT 1 OF S/P SW 2-84, AS RECORDED UNDER AUDITOR FILE NO. 8501140002, RECORDS OF SKAGIT COUNTY, WASHINGTON
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P76946
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
DOLL TECHNOLOGY GROUP INC, 1425 S 10TH ST, MOUNT VERNON, WA. 98274
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 25, 2005
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$15,827.35, PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR, PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.



For, SMITH INTERIORS INC, Claimant
112 AVENUE D/PO BOX 152
SNOHOMISH, WA. 98290
(360) 568-2116
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

TAMARA OQUIST, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

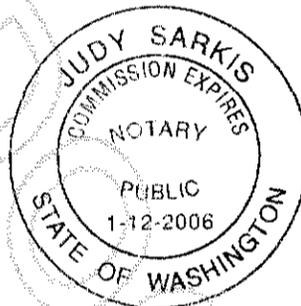


On this day personally appeared before me, TAMARA OQUIST, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 21 day of November, 2005



PRINTED NAME: JUDY SARKIS
NOTARY PUBLIC
in and for the State of Washington.
Residing in: STANWOOD
My commission expires: 1/12/2006



Order #05-111626, dated: 11/16/2005



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