



200511280168
Skagit County Auditor

11/28/2005 Page 1 of 2 11:42AM

Return Address:

SIMPLY YARDS INC.
1010 34TH SUITE A
ANACORTES WA 98221

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>WILLIAM BLIX</u>	(2) <u>HATSUMI BLIX</u>	Add'l. on pg
Grantee(s) (Claimants): (1) <u>SIMPLY YARDS INC</u>	(2)	Add'l. on pg
Legal Description (abbreviated): <u>MARINE HEIGHTS LOT 11</u>		Add'l. legal is on page
Assessor's Property Tax Parcel /Account # <u>P111749</u>		

SIMPLY YARDS INC)
Claimant)
vs.)
WILLIAM HATSUMI BLIX)
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: SIMPLY YARDS INC
TELEPHONE NUMBER: 402433561 ADDRESS: 1010 34TH ST ANACORTES WA 98221
- 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: 2/15/2005
- NAME OF PERSON INDEBTED TO THE CLAIMANT: WILLIAM HATSUMI BLIX
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
4402 MARINE HEIGHTS WA
ANACORTES, WA 98221
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): WILLIAM HATSUMI BLIX
TELEPHONE NUMBER: ADDRESS: 4402 MARINE HTS ANACORTES WA 98221
- 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: MARCH 21, 2005





Claim of Lien
Washington Legal Bank, Inc., Issued WA Form No. 90 10/98
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER

www.walgalbank.com



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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.



Print Name KATHRYN F. RANDALL
Notary Public in and for the State of WASHINGTON
My appointment expires: 10-19-08

Signed and sworn to before me on this 28th day of November 2005

JOHN L. CHILDS
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.

STATE OF WASHINGTON
County of SKAGIT
SS. }

Claimant SUPPLY SPEED, INC
Print or Type Name JOHN L. CHILDS
Address 1010 54TH STREET, STE 201
ABERCROMBIE, WA 98221
Telephone Number 360 293-3456

7 PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$6677.95 INTEREST @ 15%
8 IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES

THEMEMENTUM