200601190050 Skagit County Auditor

After Recording Return to:

SPRINGBROOK NURSERY 9022 84TH ST NE ARLINGTON WA 98223

1/19/2006 Page

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210:47AM

CLAIM OF LIEN

Grantor (Owner of property whose property is being liened):

SKAGIT HIGHLANDS LLC

Grantee (Name of lien claimant): SPRINGBROOK NURSERY

Abbreviated Legal Description PORTION OF LOT 10 OF SURVEY RECORDED AF200506080122 (e.g. "Lot 1, Block 2, ...): FORMERLY OF SURVEY RECORDED AF #200308180300 LOCATED IN SECTION 22 TOWNSHIP 34 N, RANGE 4 EAST - LEVY CODE 0930

Assessor's Property Tax P121457 (#340422-1-002-0100) = LOT 3 AND #P27507 Parcel/Account No.: (#340422-1-001-0007) = PORTION OF LOT COMMONLY KNOWN

Notice is hereby given that the person named below claims a Lien SKAGIT HIGHLANDS. pursuant to RCW Ch. 60.04. In support of this Lien, the following information is submitted.

1. Name of Lien Claimant:

SPRINGBROOK NURSERY

Address:

9022 84TH ST NE

Telephone Number:

ARLINGTON, WA 98223

(360) 653-6545

- 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:

 09/27/05
- 3. Name of person or contractor indebted to claimant:

BOSS CONSTRUCTION CO INC.

- 4. Description of the property against which a Lien is claimed (street address, legal description or other information that will reasonably describe the property): SKAGIT HIGHLANDS, MOUNT VERNON, WA
- 5. Name of the owner or reputed owner (if not known state "unknown"):
 SKAGIT HIGHLANDS LLC
- 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: 12/19/05
- 7. Principal amount for which the Lien is claimed is: \$255,700.00

8.	If the claimant is the assignee of this claim so state here:
	⊠ No
	Yes. State name of Assignor:
Samuel Samuel Samuel Samuel	CLAIMANT'S VERIFICATION
STATE OF	ASHINGTON)
- W) ss.
COUNTYO	Snohomish)
B	DE OMASEK, being sworn, says: I am the claimant or attorney
for the claim	t above named; I have read or heard the foregoing claim, read and know the f, and believe the same to be true and correct and that the claim of lien is not
frivolous and	made with reasonable cause, and is not clearly excessive under penalty of perjury.
	Sillie Tomasek Office Mg. Name and Title of Person Signing for Claiment
	DGMENT OF
INDIVIDUA On	CLAIMANT'S SIGNATURE s day personally appeared before me Billis Tomasek to me
known to be	e individual, or individuals described in and who executed the foregoing
instrument, a	acknowledged that the above claimant or person signing for said claimant signed
mentioned.	or her free and voluntary act and deed, for the uses and purposes therein ven under my hand and official seal this day of, 20_6
ACKNOWI CORPORA On treasurer, or	, to me known to be the (president, vice president, secretary, ner authorized officer or agent, as the case may be) of the corporation that executed
the within an	foregoing instrument, and acknowledged said instrument to be the free and
oath stated th	nd deed of said corporation, for the uses and purposes therein mentioned, and on he or she was authorized to execute said instrument and that any seal affixed
	rporate seal of said corporation.
In v	ness whereof I have hereunto set my hand and affixed my official seal this day. Sture and title of officer with place of residence of notary public).
SUI	CRIBED AND SWORN TO before me this day of, 20
	Print Name:
	NOTARY PUBLIC
	Residing at:
	My commission expires:

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