



200602060098

Skagit County Auditor

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2 10:14AM

AFTER RECORDING RETURN TO:

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

## CLAIM OF LIEN

FIDALGO PAVING &amp; CONSTRUCTION

Claimant.

VS

JOHN R. COX &amp; ASSOCIATES LLC

(Name of person indebted to claimant)

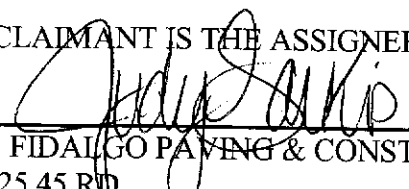
AMEND LIEN

AF #200509260139

DOLLAR AMOUNT, OWNER  
& LEGAL

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: FIDALGO PAVING & CONSTRUCTION  
TELEPHONE NUMBER: (360) 652-2380  
ADDRESS: 16825 45 RD, ARLINGTON, WA. 98223
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: JUNE 29, 2005
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JOHN R. COX & ASSOCIATES LLC, P.O. BOX 1364, ANACORTES, WA. 98221
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: PACKARD ESTATES, 5TH ST & E. PARK DR, ANACORTES, WA.  
LEGAL DESCRIPTION: LOTS 2, 4 & 5 OF SURVEY RECORDED UNDER AUDITOR'S FILE NO. 200406210184, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND TRACT 17, PL 9, ANACORTES TIDE LANDS, RECORDS OF SKAGIT COUNTY, WASHINGTON.  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO., P121822, P56848, P56842 & P32874
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):  
ALEXANDER A. MCLAREN, P.O. BOX 911, TACOMA, WA. 98401 (LOTS 2, 4 & TRACT 17, PL 9), / JOHN W. & KATHRYN L. CAMPBELL 2204 35TH CT ANACORTES WA 98221 (LOT 5)
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: JUNE 29, 2005
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$6,295.46 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, FIDALGO PAVING & CONSTRUCTION, Claimant

16825 45 RD

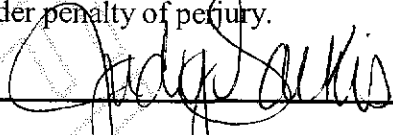
ARLINGTON, WA. 98223

(360) 652-2380

(Phone Number, Address, City/State of Claimant)


STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

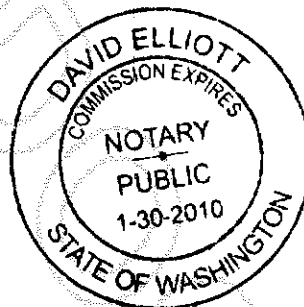
JUDY SARKIS, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

  
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On this day personally appeared before me, JUDY SARKIS, 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 1 day of February, 2006

  
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PRINTED NAME: DAVID ELLIOTT  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: EVERETT  
My commission expires: 1/30/2010



Order #06-012324, dated: 1/30/2006

  
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