

AFTER RECORDING RETURN TO:

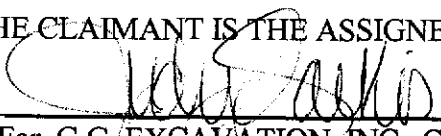
LIEN RESEARCH CORP.
P. O. BOX 148
MARYSVILLE, WA 98270

CLAIM OF LIEN

G.G. EXCAVATION, INC.
Claimant.
VS
HABITAT CONSTRUCTION, INC
(Name of person indebted to claimant)

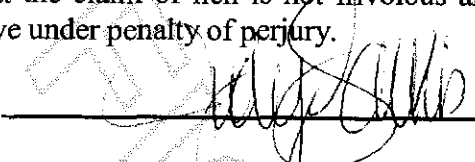
NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: G.G. EXCAVATION, INC.
TELEPHONE NUMBER: (360) 293-4810
ADDRESS: 9669 PADILLA HEIGHTS RD., ANACORTES, WA. 98221
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 13, 2005
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: HABITAT CONSTRUCTION, INC, 12940 SUNSET LANE, ANACORTES, WA. 98221
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: THE ISLES, OAKS AVE(AKA-HWY 20 & W 3RD ST), ANACORTES, WA.
LEGAL DESCRIPTION: LOTS, 6, 7, 8, 9 & 10, BLOCK 1403, LOTS 1, 2, 3, 4 & 5, BLOCK 1403, LOTS 1 THROUGH 10, BLOCK 1402, LOTS 1 THROUGH 10, BLOCK 1404, AND LOT 1, BLOCK 1502, NORTHERN PACIFIC ADDITION TO THE CITY OF ANACORTES, AS PER PLAT RECORDED IN VOLUME 2, OF PLATS, PAGE 9, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P58386, P58383, P58381, P58390 & P58399
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
DONALD D. PETERSON, 12940 SUNSET LN, ANACORTES, WA. 98221
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: FEBRUARY 3, 2006
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$10,354.41 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.

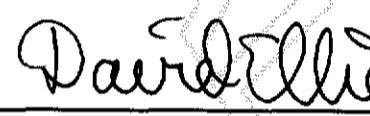

For, G.G. EXCAVATION, INC., Claimant
9669 PADILLA HEIGHTS RD.
ANACORTES, WA. 98221
(360) 293-4810
(Phone Number, Address, City/State of Claimant)

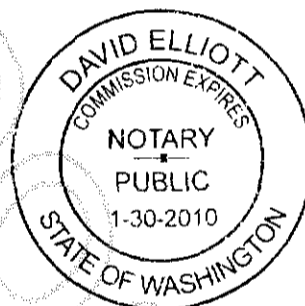
STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

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.


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 30 day of March, 2006


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



Order #06-032039, dated: 3/20/2006



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Skagit County Auditor