



200605080021

Skagit County Auditor

AFTER RECORDING RETURN TO:

5/8/2006 Page 1 of 2 8:49AM

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

CLAIM OF LIEN

QUALITY EXTERIOR SPECIALIST LLC

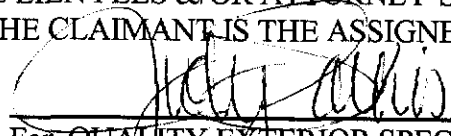
Claimant.

VS

ISLAND DEVELOPMENT LLC, BY
MICHAEL TVETER
(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: QUALITY EXTERIOR SPECIALIST LLC
TELEPHONE NUMBER: (425) 268-8172
ADDRESS: 2601 W. MUKILTEO BLVD, EVERETT, WA. 98203
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: NOVEMBER 11, 2005
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: ISLAND DEVELOPMENT LLC, BY MICHAEL TVETER, P.O. BOX 1364, ANACORTES, WA. 98221
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: SANDY BEACH, LOT 3, 4419 ANACORTES-BEACH RD, ANACORTES, WA.
LEGAL DESCRIPTION: LOT 3, CITY OF ANACORTES SHORT PLAT NO. ANA-04-008, AS RECORDED UNDER AUDITOR'S FILE NO. 20051120062, RECORDS OF SKAGIT COUNTY, WASHINGTON.; BEING A PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 27, TOWNSHIP 35 NORTH, RANGE 1 EAST, W.M.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P61833
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
ISLAND DEVELOPMENT LLC, P.O. BOX 1364, ANACORTES, WA. 98221
ISLAND DESIGN WORKS P.O. BOX 1364 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: MARCH 20, 2006
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$3,000.00 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, QUALITY EXTERIOR SPECIALIST LLC, Claimant
2601 W. MUKILTEO BLVD
EVERETT, WA. 98203
(425) 268-8172
(Phone Number, Address, City/State of Claimant)

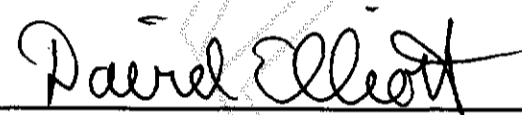
STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

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.

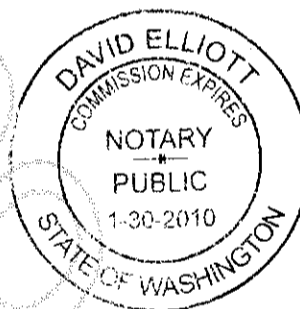


On this day personally appeared before me, JUDY SARKIS, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and 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 28 day of April, 2006



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



Order #06-042054, dated: 4/27/2006



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Skagit County Auditor