



200605080023
Skagit County Auditor

5/8/2006 Page 1 of 2 8:50AM

AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

NORTHEAST CARPET SALES LLC

Claimant.

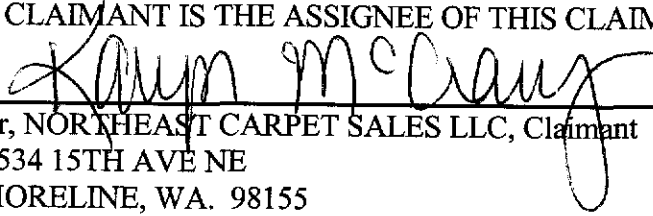
VS

SKAGIT BUILDERS

(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: NORTHEAST CARPET SALES LLC
TELEPHONE NUMBER: (206) 363-2280
ADDRESS: 17534 15TH AVE NE, SHORELINE, WA. 98155
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: FEBRUARY 28, 2006
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: SKAGIT BUILDERS, P.O. BOX 1947, OAK HARBOR, WA. 98277
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 832/834 COOK RD, SEDRO WOOLLEY, WA
LEGAL DESCRIPTION: LOT 2, SEDRO WOOLLEY SHORT PLAT NO. SW-2659, AS RECORDED UNDER AUDITOR'S FILE NO. 200508120064, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 23, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M. SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P123198
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
ERIK H. & DEBORAH L. PEDERSEN, P.O. BOX 6, HAMILTON, WA. 98255
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 28, 2006
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$7,796.65 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, NORTHEAST CARPET SALES LLC, Claimant
 17534 15TH AVE NE
 SHORELINE, WA. 98155
 (206) 363-2280
 (Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

KARYN MCCRARY, 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.

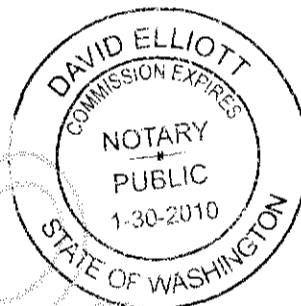
Karyn Mccrary

On this day personally appeared before me, KARYN MCCRARY, 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 3 day of May, 2006

David Elliott

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



Order #06-050113, dated: 5/1/2006



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