

Return Address:

Skagit City Turf, Inc.
18609 Dike Rd.
Mt. Vernon, WA 98273



200606260151
Skagit County Auditor

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CLAIM OF LIEN

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|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|
| Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: | | (please print last name first) |
| Reference # (If applicable): | | |
| Grantor(s) (Owner): (1) | (2) | Add'l. on pg. |
| Grantee(s) (Claimants): (1) | (2) | Add'l. on pg. |
| Legal Description (abbreviated): | P+NG 2 36-34-4 AKA TP5 Add'l. legal is on page | |
| Assessor's Property Tax Parcel / Account # | P29843 Survey 85658 | |

Skagit City Turf, Inc.

Claimant
vs.

Terry Alling

Name of person indebted to Claimant

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

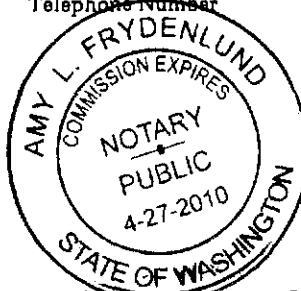
1. NAME OF LIEN CLAIMANT: Skagit City Turf, Inc.
TELEPHONE NUMBER: 360-424-9040 ADDRESS: 18609 Dike Rd. Mt. V.
WA 98273
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: 04-24-06
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Terry Alling
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 17056 Big Lake Boulevard Mt. Vernon, WA 98274
Parcel P29843
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Holly B. Alling
TELEPHONE NUMBER: 360-929-7337 ADDRESS: Terrence R. Alling
17056 West Big Lake Boulevard
Mount Vernon, WA 98274
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: 04-24-06



Claim of Lien
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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 99658
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Skagit City Turf, Inc
Claimant
Steve Smith
Print or Type Name
18609 Dike Rd
Address
Mt Vernon WA 98273
360-424-9040
Telephone Number



STATE OF WASHINGTON

County of Skagit } ss.

Steve Smith, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and 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.

Date this 26 day of June, 2006

Amy Frydenlund
Print Name Amy Frydenlund
Notary Public in and for the State of Washington
My appointment expires: 4-27-2010

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



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