

PLEASE RECORD AND RETURN TO:

LienData USA Agents For

P.O. Box 1643

Woodinville, WA 98072-1643



200608040088

Skagit County Auditor

8/4/2006 Page

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2 11:27AM

CLAIM OF LIEN

THRIFTY SUPPLY COMPANY
CLAIMANT,
VS.
AFFORDABLE HEATING & COOLING, INC.,
Person or Persons
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:

Owner: Daniel Filler & Toni Filler and G.T. Development, Inc.

1. NAME OF LIEN CLAIMANT: Thrifty Supply Co.
ADDRESS: P.O. Box 4148
Bellevue, WA 98009
TELEPHONE NUMBER: (425) 641-8073
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: October 5, 2005
3. NAME OF PERSON INDEBTED TO CLAIMANT: Affordable Heating & Cooling, Inc.
5415 Happy Hollow Rd
Stanwood, WA 98292
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: CREST AT SUNSET COVE CONDO, AF#200605040034, BLDG A, UNIT 101

Commonly Known As:

Parc #P117895
2428 Sundown Court, #101
Anacortes, Skagit County, Washington

5. NAME OF THE OWNER OR REPUTED OWNER:

Daniel Filler & Toni Filler
1006 S 38th Place
Mount Vernon, WA 98273

**And: GT Development, Inc.
1120 Commercial Ave
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: **June 21, 2006**

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN
IS CLAIMED IS: \$4,443.12 PLUS INTEREST
PLUS LIEN FEES
PLUS COURT COST &
ATTORNEY FEES

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE
HERE: Not Applicable

DATED this 3rd day of August, 2006.

LienData USA
AGENT FOR CLAIMANT
P.O. Box 1643
Woodinville, WA 98072-1643

Thrifty Supply Co.
CLAIMANT
P.O. Box 4148
Bellevue, WA 98009
(425) 641-8073


STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

Judi Elsbree, 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.

Judi/Elsbree, Agent for Claimant

SUBSCRIBED AND SWORN to before me this 3rd day of August, 2006

3rd day of August, 2006

 Heather Glanville
 NOTARY PUBLIC in and for the
 State of Washington, residing at Bothell.
 My Commission expires: 05/05/09.

HEATHER GLANVILLE

STATE OF WASHINGTON

NOTARY PUBLIC

NY COMMISSION EXPIRES 05-05-09



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Skagit County Auditor