After Recording Return to:

Quality Plus Insulation, Inc. 13520 45TH Ave NE Marysville, WA 98271



8/15/2006 Page

1 of

2 1:17PM

CLAIM OF LIEN

Grantor (Owner of property whose property is being liened): William Dreadin

Grantee (Name of lien claimant): Quality Plus Insulation, Inc.

Abbreviated Legal Description: CAPE HORN ON THE SEAGIT

SUB-DIV 2 LOT 37 BLK O

Assessor's Property Tax
Parcel/Account No.: P63478

Notice is hereby given that the person named below claims a Lien pursuant to RCW Ch. 60.04. In support of this Lien, the following information is submitted.

- 1. Name of Lien Claimant: Quality Plus Insulation, Inc. Address: 13520 45th Ave NE, Marysville, WA 98271 Telephone Number: 360-657-2369
- 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: 4-19-06
- 3. Name of person or contractor indebted to claimant:
- Dread in Construction

 4. Description of the property against which a Lien is claimed (street address, legal description or other information that will reasonably describe the property): 42156 Pine St. Concrete, WA 98237
- 5. Name of the owner or reputed owner (if not known state "unknown"):

 William M. Dreadin
- 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: 5-23-06
- 7. Principal amount for which the Lien is claimed is: \$ 3970.08

.es	8.	If the	claiman	t is the assig	nee of this c	laim so stat	e here:	
		\boxtimes	No					
			Yes. S	State name of	Assignor:			
and the second s				LAIMANT'S V	ERIFICATIO	N .		
STATE	OF WAS	EUNICI)				
		N.) ss.				
COUNT	Y OF _	Kag	<u>T</u>)				46
	44. 44. 40	والمقارات كور	aug the co	, to the read or heard arme to be true a sable cause, and	nd correct <i>and</i>	i inai ine ciair	n oj uen is no	<i>)</i> (
				ک چ	1.	Na		esident
		¹ Strywa		/S/	e and Title of	Person Signin	g for Claima	nt
ACKNO	WLED	GMEN'	T OF	-72				
INDIVI	DUAL (On this	CLAIM. day pers	ANT'S Si onally ap	IGNATURE peared before m	ne		t	o me
known to	o be the i	individu icknowle r her fre	al, or indi- edged that	peared before my duals describe the above claim interpretaint and dand official seal	ed in and who nant or person eed, for the us	es and purpos	es therein	signed
				,-			, 20) .
	SUBSC	KIBED	AND SW	ORN TO before	e ine mis	uay or -	, 20	·—•
					tanan da santa da sa Tanan da santa da sa	<u> </u>		
					Print Nam			
					NOTARY Residing a			
						ission expires	;	
ACKNO	WLED	GMENT	ΓOF ANTISS	IGNATURE				
	On this	100	day of a	Amount 200	, before me	personally ap	peared	
T	. L. R.	1-	to r	ne known to be er or agent, as th	the (president	vice presider	it, secretary,	cecuted
the within	n and for	regoing i	instrumen	t, and acknowle	dged said inst	rument to be t	ne iree and	
voluntars	act and	deed of	said com	oration, for the	uses and purp	oses therein n	ientioneo, an	d on a
oath state	d that he	e or she	was autho	orized to execute corporation.	saio mstrume	SIL MIO DIM M	ly scar arrivo	
	-							
; !	In witne: (Signatu	ss where re and to	of I have itle of offi	hereunto set my cer with place of	of residence of	notary public		\sqrt{N}
	SUBSCI	RIBED A	NDOW	RIN Pro before	me this	day of L	Jugust, 20	06
			Z 40	TARY 20	Print Name NOTARY	:Shawn F	Shockm	8827 /
		y.c	υ,* L'AUL1	, jo	My commi	ssion expires:	7-15-07	7
		A.	PI	BLIC OF	, , ,			
			de				608150 County Au	
						-	-	

8/15/2006 Page

2 of

2 1:17PM