200610200146
Skagit County Auditor
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Return Address: Thomas Lee Brown
Mount Vernon Carpet Center
P.O. Box 1166
Mount Vernon, WA 98273

CLAIM OF LIEN

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) Debra Rudd (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) Mount Vernon Carpet Center (2) _____ Add'l. on pg___

Legal Description (abbreviated): Lot 18 of "Elk Run Estates" Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # 4619-000-016-0005 - P105068

Mount Vernon Carpet Center
Claimant
vs.
Debra Rudd
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: Mount Vernon Carpet Center (Thomas Lee Brown)
TELEPHONE NUMBER: 360-336-0533 ADDRESS: 400 West Fir.
Mount Vernon, 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: July 25, 2006

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Debra Rudd

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
605 Shilon Lane Sedro-Woolley, WA 98284

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Debra Rudd
TELEPHONE NUMBER: 826-3432 ADDRESS: 605 Shilon Ln
Sedro-Woolley, WA 98284

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: July 25, 2006

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $1,287.70

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : _____

Thomas Lee Brown
Claimant

Print or Type Name

400 West Fir St
Address

Mount Vernon, WA 98273

360 336-6533
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

Tom Brown, 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.

Signed and sworn to before me on this 20th day of October, 2006.

DANIELLE SOREN
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES

Danielle Soren
Print Name Danielle Soren

Notary Public in and for the State of Washington

My appointment expires: 9-03-2009

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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