

Van Beek Drywall Inc. 2121 King St. Beilingham, WA 98225

12/5/2006 Page

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CLAIM OF L	JEN
Reference # (If a Grantor(s) (Own	ner): (1) Marpac Construction LLC (2) Housing Authority of City Add'I on pg
Grantee(s) (Clai	mants): (1) Van Beek Drywoll, Inc. (2) Add'l on pg_
	on (abbreviated): 804 Commerce at Ave Anacortes, WA 98221 Add'l legal is on page
	erty Tax Parcel/Account # P.55087 / Acci 3772-037-004-0008
Notice is hereb	rywell Inc., Claimant, vs. Marpac Const. LLC (name of person indebted to claimant) by given that the person named below claims a lien pursuant to chapter 60.04 RCW.
In support of the	nis lien the following information is submitted:
1.	Name of lien claimant: Van Beek Drywall, Inc. (Doug Van Beek) Telephone number: (360) 647-8070 Address: ZIZI King St., Bellingham, WA 98229
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: 12/07/05
3.	Name of person indebted to the claimant: Marpier Construction LLC 1225 S. Weller St., Suite 500, Seattle, WA 98144
4.	Description of the property against which a lien is claimed (street address, legal description or other information that will reasonably describe the property):  804 Commercial Ave. Anacortes,  WA 98221 P55087 /ACCT 3772-037-004-0008  Lots i-3, Pto Lot 4, Bik 37, Anacortes  of Anacortes
5.	Name of the owner or reputed owner (If not known state "unknown"): Housing Authority of City Telephone number: Anacortes, WA 96221
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.
7.	Principal amount for which the lien is claimed is: 47, 306. 42
8.	If the claimant is the assignee of this claim so state here:

Doug Van Beek Print of Type Name  ZIZI King St Address  Beilingham, WA	
	<del></del>
Bellingham, WA	
	98325
(360) 647-8070 Telephone Number	٥
STATE OF WASHINGTON ( )	
COUNTY OF Whatcom ss:	
Drug Van Beek being sworn, says: I am the claimant (or attorney of the claim	iant, or
administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and	or
the claim of hen is not frivolous and is made with reasonable cause, and is not clearly excessive under penalt	id that sy of
perjury. Sign Name	•
Signed and sworn to before me on this 4th day of December, 200	<u>)(o</u> .
Sign Name Live N. Jenwich	<del>_</del>
Print Name Lisa R. Ferwick	
Notary Public in and for the State of Washington	on
My appointment expires: $9-9-07$	
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