PLEASE RECORD AND RETURN TO: LienData USA Agents For P.O. Box 1643 Woodinville, WA 98072-1643



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CB WHOLESALE, INC., CLAIMANT, VS.

HORIZON DRYWALL,

Person or Persons

Indebted to Claimant,

CLAIM OF LIEN

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: Brian I

Brian D & Darlene L Hanson

1. NAME OF LIEN CLAIMANT:

ADDRESS:

TELEPHONE NUMBER:

CB Wholesale Inc.

801 West Orchard Ste 2 Bellingham, WA 98225

(360) 738-3992

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: September 22, 2006

3. NAME OF PERSON INDEBTED TO CLAIMANT:
Horizon Drywall
P.O. Box 1266
Burlington, WA 98233

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: 1 ACRE TRACT AND HOUSE SWFC NE1/4 NE1/4 DESCRIBED AS FOLLOWS: BEGINNING AT THE INTERSECTION OF THE SOUTH LINE OF F&S RAILWAY (AKA F&S GRADE ROAD) WITH SOUTH LINE OF NE1/4 NE1/4; THENCE NORTHWESTERLY ALONG SAID RAILWAY 297 FEET; THENCE SOUTHWESTERLY TO THE SOUTH LINE NE1/4 NE1/4; THENCE EAST 404.5 FEET TO POINT OF BEGINNING

Commonly Known As:

Parcel #P37218

509 F & S Grade Rd

Sedro Woolley, Skagit County, Washington

- 5. NAME OF THE OWNER OR REPUTED OWNER:
 Brian D & Darlene L Hanson
 507 F & S Grade Rd
 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: October 5, 2006
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN

IS CLAIMED IS:

\$3,754.05

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 6th day of December, 2006.

LienData USA AGENT FOR CLAIMANT P.O. Box 1643 Woodinville, WA 98072-1643 CB Wholesale, Inc. CLAIMANT 801 West Orchard, Ste 2 Bellingham, WA 98225 (360) 738-3992

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

SUBSCRIBED AND SWORN to before me this 6th day of December 2006.

HEATHER GLANVILLE

STATE OF WASHINGTON

NOTARY ---- PUBLIC

MY COMMISSION EXPIRES 05-05-09

Heather Glanville

NOTARY PUBLIC in and for the

State of Washington residing at Bothell

My Commission expires: 05/05/09

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