After recording return to: Frontier Building Supply Attn: Patricia Bickley 909 26th Street Anacortes, WA 98221



3/29/2007 Page

1 of

210:10AM

CLAIM OF LIEN

	ner of property rty is being liened):	
Grantee (Nar	ne of lien claimant): Frontier Building Supply	
Abbreviated	Legal Description Lekeinton Acres Lot 7 Acres 1.00	
Assessor's Pr Parcel/Accou		
	e is hereby given that the person named below claims a Lien pursuant to RCW Ch. 60.04. this Lien, the following information is submitted.	
1.	Name of Lien Claimant: - Frontier Building Supply Address: 909 26th Street, Anacortes, WA 98221 Telephone Number: (360) 293-4595	
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:	
<i>3</i> .	Name of person or contractor indebted to claimant: Wayne "Kevin" Javmin	
4.	Description of the property against which a Lien is claimed (street address, legal description or other information that will reasonably describe the property): 835/ Lekein Lane Concrete, WA	
5.	Name of the owner or reputed owner (if not known state "unknown"): James and Ann Innes	
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: $3/5/07$	
7.	Principal amount for which the Lien is claimed is: \$ 8497.23	

,	If claimant is the assignee	of this claim so state here:
	ÌZ NO	
	☐ YES. State name of A	Assignor:
- <u> </u>		
	CLA	UMANT'S ATTESTATION
STATE OF WA	ELINGTON V	,
COUNTY OF	Skanit)ss.	
<u>.</u> 10 1111000	ika Tohacan	
<u>M</u>	IKE SUMMON	being sworn, says: I am the claimant or a
know the conter	nts thereof, and believe the sai	mant. I have read or heard the foregoing claim, read and me to be true and correct and that the claim of lien is not and is not clearly excessive reter tenalty of perjury.
		184
**		Name and Title of Person Signing for Claimant
ACKNOWLE	427	
	CLAIMANT'S SIGNATUR	
	day personally appeared befo	
individual, or in	dividuals described in and wh	no executed the foregoing instrument, and acknowledged that
		claimant signed the same as his or her free and voluntary act
		entioned. Given under my hand and official seal
tnisoay	of,20	
		Printed Name:
		NOTARY PUBLIC in and for the State of Washington
		Residing at:
		My commission expires:
ACKNOWLE		
	CLAIMANT'S SIGNATUR	
	27th day of March	,20 Ol, before me personally
		, to me known to be the (president, vice president,
		er or agent, as the case may be) of the corporation that
		t, and acknowledged said instrument to be the free and or the uses and purposes therein mentioned, and on oath
		e said instrument and that any seal affixed hereto is the
	f said corporation.	e said institution and that any seat attived here to is the
		et my hand and affixed my official seal this day.
		ace of residence of notary public).
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	MITHING.	CONSTITUTE WITHOUT
	WITT HILE	Printed Name: VV StitT HIBIOGOV
3	TRIMISSION & OF	NOTARY PUBLIC in and for the State of Washington
un'	S NOTAN A. P.	Residing at: HOOONAS
Ē,	S. Punic	My commission expires: Noto 13, 3010
	7. % DELIC SE	I THE WAY HAVE BEEN AND A SECOND WITH A SECOND WAY WITH A SECOND WITH A SECOND WAY

200703290042 Skagit County Auditor