



200704260124

Skagit County Auditor

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AFTER RECORDING RETURN TO:

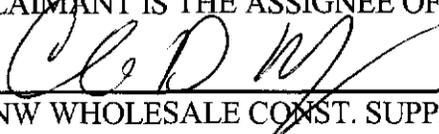
LIEN RESEARCH CORP.
P. O. BOX 148
MARYSVILLE, WA 98270

CLAIM OF LIEN

NW WHOLESALE CONST. SUPPLY, INC.
Claimant.
VS
MGH CONSTRUCTION
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: NW WHOLESALE CONST. SUPPLY, INC.
TELEPHONE NUMBER: (425) 335-1921
ADDRESS: PO BOX 1170, LAKE STEVENS, WA. 98258
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: MARCH 7, 2007
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: MGH CONSTRUCTION, 7446 WHEELER RD, MAPLE FALLS, WA. 98266
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 701 CASCADE PALMS, SEDRO WOOLLEY, WA.
LEGAL DESCRIPTION: UNIT 701, BUILDING 4, LOT 8, FIRST STORY, (SWFC) CASCADE PALMS, A CONDOMINIUM, PHASE 2, BINDING SITE PLAN, AS RECORDED UNDER AUDITOR'S FILE NO. 200508080175. (FORMERLY CASCADE PALMS CONDO, PHASE 1, AS RECORDED UNDER AUDITOR'S FILE NO. 200311030250, AND FORMERLY CASCADE PALMS BINDING SITE PLAN-BSP NO. 02-973), RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P123138
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
LINDA L. BENJAMIN, 701 CASCADE PALMS CT, 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: MARCH 15, 2007
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$6,534.94 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.



 For, NW WHOLESALE CONST. SUPPLY, INC., Claimant
 PO BOX 1170
 LAKE STEVENS, WA. 98258
 (425) 335-1921
 (Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

CHRIS MCCRARY, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

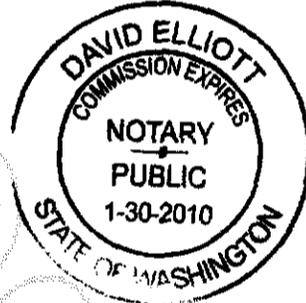


On this day personally appeared before me, CHRIS MCCRARY, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 25 day of April, 2007



PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: EVERETT
My commission expires: 1/30/2010



Order #07-042004, dated: 4/20/2007



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