



200707050106

Skagit County Auditor

7/5/2007 Page 1 of 2 2:53PM

Return Address:

Mt. Vernon Carpet Center
PO Box 1166
Mt. Vernon, WA 98273-1166

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) William M. Dreadin (2) _____ Add'l. on pg _____

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

Legal Description (abbreviated): Lot 9, Block N Cape Horn of Skagit Div. No 2 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account #: 3809-014-009-0006 / p123428

Mt. Vernon Carpet Center } Claimant
Dreadin Construction } vs.
 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:

- NAME OF LIEN CLAIMANT: Mt. Vernon Carpet Center
 TELEPHONE NUMBER: (360) 330-0533 ADDRESS: 405 W. Fir
Mt. Vernon, WA 98273
- 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 20, 2007
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Dreadin Construction
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 42078 Cape Horn Dr. Concrete WA 98237
lot 9 Block N Cape Horn of Skagit Division No 2
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): William M Dreadin
 TELEPHONE NUMBER: _____ ADDRESS: _____
- 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: April 9, 2007



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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.



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.



Print Name: Danielle Soren
Notary Public in and for the State of Washington
My appointment expires: 9-3-2009

Signed and sworn to before me on this July 5th, 2007

being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

STATE OF WASHINGTON }
County of Skagit }
SS. [Signature]

Claimant: Lisa Newman
Print or Type Name: Lisa Newman
Address: 400 W. Fir Mount Vernon WA 98273
Telephone Number: (360) 336-6633

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$4880.54
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: [Signature]

DUPLICATE