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AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

MARYSVILLE DRYWALL, INC.

Claimant.

VS

LALNDMARK BUILDING &

DEVELOPMENT, INC.

(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: MARYSVILLE DRYWALL, INC. TELEPHONE NUMBER: (360) 653-1135
 ADDRESS: 3631 100TH PL. N.E., MARYSVILLE, WA. 98271
- 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: JULY 2, 2007
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: LANDMARK BUILDING & DEVELOPMENT, INC., 3001 OLD HWY 99 S.RD, #102, MT. VERNON, WA. 98273
- 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
 ADDRESS: 817 S PINE ST, BURLINGTON, WASHINGTON
 LEGAL DESCRIPTION: LOT 1 OF WILLIAMSON SHORT PLAT NO.
 BURL-5-06, RECORDED UNDER AUDITOR'S FILE NO. 200611160056, BEING A
 PORTION OF LOT 1, BLOCK 129, FIRST TO BURLINGTON, RECORDS OF SKAGIT
 COUNTY, WASHINGTON.

SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P125259

- 5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): LANDMARK BUILDING & DEV, 3001 OLD HWY 99 S RD #102, MT. VERNON, WA. 98273
- 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: JULY 19, 2007
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$5,143.37, PLUS ANY APPLICABLE LIEN FEES &/OR ATTORNEY FEES &/OR INTEREST.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

N/A.

For, MARYSVILLE DRYWALL, INC., Claimant

3631 100TH PL. N.E.

MARYSVILLE, WA. 98271

(360) 653-1135

(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 23 day of August, 2007

PRINTED NAME: FAMARA A OQUIST

NOTĂRY PUBLIC

in and for the State of Washington.

Residing in: ARLINGTON

My commission expires: 12/9/2009

Order #07-082317, dated: 8/21/2007

200708240012 Skagit County Auditor

NOTARY

12-09-2009

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