



200708240014  
Skagit County Auditor

8/24/2007 Page 1 of 2 9:22AM

AFTER RECORDING RETURN TO:

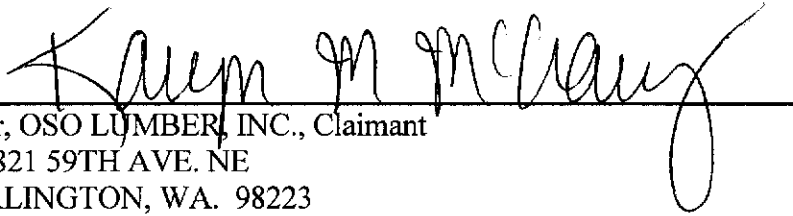
LIEN RESEARCH CORP.  
P.O. BOX 148  
MARYSVILLE, WA 98270

### CLAIM OF LIEN

OSO LUMBER, INC.  
Claimant.  
VS  
LAKE VIEW HEIGHTS LLC  
(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: OSO LUMBER, INC.  
TELEPHONE NUMBER: (360) 925-4000  
ADDRESS: 17821 59TH AVE. NE, ARLINGTON, WA. 98223
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: OCTOBER 19, 2006
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: LAKE VIEW HEIGHTS LLC, P.O. BOX 789, BURLINGTON, WA. 98233
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: 24111 PRISCILLA LANE, MT. VERNON, WASHINGTON  
LEGAL DESCRIPTION: LOT 2, LAKEVIEW HEIGHTS, ACRES 1.00, AS RECORDED UNDER AUDITOR'S FILE NO. 200604120075, BEING A PORTION OF THE SOUTHWEST QUARTER OF SECTION 31, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P124316
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):  
LAKE VIEW HEIGHTS LLC, P.O. BOX 789, BURLINGTON, WA. 98233
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: JUNE 8, 2007
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$3,264.26, 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, OSO LUMBER, INC., Claimant  
17821 59TH AVE. NE  
ARLINGTON, WA. 98223  
(360) 925-4000  
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

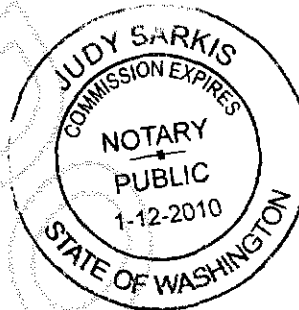
KARYN M MCCRARY, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Karyn M McCrary

On this day personally appeared before me, KARYN M 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

Judy Sarkis  
PRINTED NAME: JUDY SARKIS  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: STANWOOD  
My commission expires: 1/12/2010



Order #07-081737, dated: 8/16/2007



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