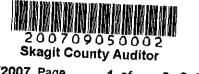
After recording return to: Frontier Building Supply Attn: Patricia Bickley 909 26th Street Anacortes, WA 98221



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CLAIM OF LIEN

	erty is being liened): Parnish Family Living Trust		
Grantee (Na	me of lien claimant): Frontier Building Supply		
Abbreviated	Legal Description Lot 3 S/P # 95-023 AF#95/22/0032		
Assessor's Pi 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.		
I.	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: $8 9 0 6$		
3.	Name of person or contractor indebted to claimant: Wayne Jarmin dba lascade Tree Service		
4.	Description of the property against which a Lien is claimed (street address, legal description or other information that will reasonably describe the property): 50288 Sauk Valley		
5.	Name of the owner or reputed owner (if, not known state "unknown"): HURLIN FAMILY LIVING TRUST		
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:		
<i>7</i> .	Principal amount for which the Lien is claimed is: \$ 3/84.27		

<i>^</i> 8.	If claimant is the assigned	e of this claim so state here:	
	NO		
A Samuel Commence	YES. State name of .	Assignor:	
			·
	CL.	AIMANT'S ATTESTATION	
STATE OF W	ASHINGTON)		
COUNTY OF	Chart)ss.		
COUNTY OF	- Nacion)		
<u> </u>	nua Bickley	, being sworn, says: I	am the claimant or a
		imant. I have read or heard the foregoin ame to be true and correct and that the c	
		ame to be true and correct and that the c	
involous una i	inuse with reasonable cause	At : 0 :	acty of perjury.
	A Santy of the Santy	181 Halricia Bickle	y acets Mings
ACKNOWLI	DOMENT OF	Name and Title of Person	Signing for Claimant
INDIVIDUAL	_CLAIMANT'S SIGNATU		
	s day personally appeared bef		wn to be the
		who executed the foregoing instrument, a	
		d claimant signed the same as his or her	
	ne uses and purposes therein: y of ,20	mentioned. Given under my hand and o	official seal
unsda	y 01,20_		
		Printed Name:	
		NOTARY PUBLIC in and for the	State of Washington
		Residing at:	
		My commission expires:	
A CHENICANE	IDOMENIO OD		
	EDGMENT OF E CLAIMANT'S SIGNATU	TDD	
	s 39th day of August		: :
	Fricia Bicytus	, to me known to be the (presid	ent, vice president.
		cer or agent, as the case may be) of the c	corporation that
		nt, and acknowledged said instrument to	
		for the uses and purposes therein mentio	
		ite said instrument and that any seal affi	xed hereto is the
-	of said corporation.		
		set my hand and affixed my official sea	I this day.
(Signa	ture and title of officer with p	place of residence of notary public).	
	MINIMITE.	VOIDE OF HILDING	0021
S	STILL HILDING	Printed Name: VV Ti T. HIV	EMPLOD &
1/1/1	To Mission St. O	NOTARY PUBLIC in and for the	State of Washington
"	10 NO744 B.H.	Residing at: ANGCOV+45	
= 8	PUBLIC	My commission expires: NOX (n 13, 2010
	1. 1900 OS	~	J.C.
7,	OF WACHING THE	I MANG CAN TAX PARK RAN JANA	
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		200709	
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		9/3/211// Dawa	

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