



200710010113

Skagit County Auditor

10/1/2007 Page

1 of

2 10:59AM

AFTER RECORDING RETURN TO:

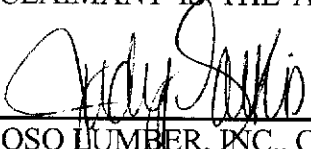
LIEN RESEARCH CORP.  
P. O. BOX 148  
MARYSVILLE, WA 98270

## CLAIM OF LIEN

OSO LUMBER, INC.  
Claimant.  
VS  
CABOCHON CONST & DEVELOPMENT  
(Name of person indebted to claimant)

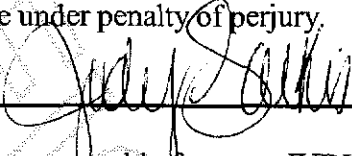
NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

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: JULY 16, 2007
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: CABOCHON CONST & DEVELOPMENT, 114 W. MAGNOLIA ST, STE. 501, BELLINGHAM, WA. 98225
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: 11857 BAY RIDGE DR, BURLINGTON, WA.  
LEGAL DESCRIPTION: LOT 4B, BAY RIDGE BUSINESS PARK, BINDING SITE PLAN, PHASE 4, RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P125001
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):  
EQUILATERAL HOLDINGS LLC, 114 WEST MAGNOLIA, STE. 501, BELLINGHAM, WA. 98225
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: AUGUST 21, 2007
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$69,188.21 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, OSO LUMBER, INC., Claimant  
17821 59TH AVE. NE  
ARLINGTON, WA. 98223  
(360) 925-4000  
(Phone Number, Address, City/State of Claimant)

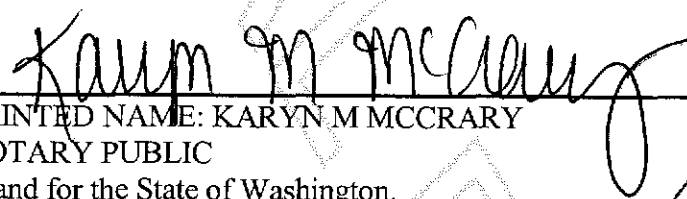
STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

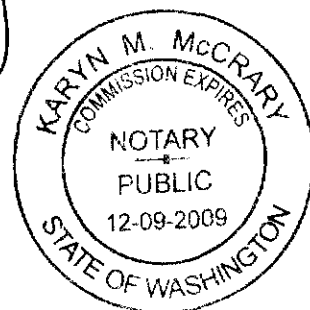
JUDY SARKIS, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and 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, JUDY SARKIS, 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 24 day of September, 2007

  
\_\_\_\_\_  
PRINTED NAME: KARYN M MCCRARY  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: ARLINGTON  
My commission expires: 12/9/2009



Order #07-091686, dated: 9/20/2007



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