

RETURN ADDRESS:  
Andgar Corporation  
PO Box 2708 / 6920 Salashan Pkwy, A-102  
Ferndale, WA 98248



200711050119  
Skagit County Auditor

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**CLAIM OF LIEN**

**Reference Number:** \_\_\_\_\_  
**Grantor(s) (Owner):** Michael and Kimberly Tveter  
**Grantee(s) (Claimants):** Andgar Corporation  
**Legal Description:** ORCHARDS PUD, LOT 16, ACRES 0.28, AF#200601190126. BEING  
**(abbreviated)** A PORTION IN THE SE1/4 OF THE SW1/4 OF SECTION 25.  
**Assessor's Property Tax** \_\_\_\_\_  
**Parcel /Account No.:** P123999

Andgar Corporation,

Claimant,

vs.

Michael and Kimberly Tveter

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:

1. **NAME OF LIEN CLAIMANT:** Andgar Corporation  
**TELEPHONE NUMBER:** (360) 366-9900  
**ADDRESS:** P.O Box 2708 / 6920 Salashan Pkwy, A-102  
Ferndale, WA 98248

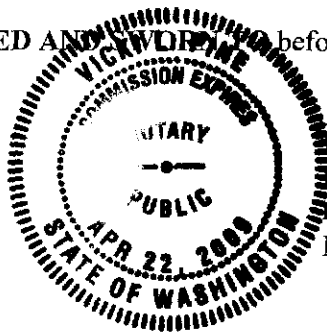
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT, OR THE DATE ON WHICH THE EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: May 31, 2007
3. NAME OF PERSON INDEBTED TO THE CLAIMANT Sterling Ridge Homes  
1004 Commercial Ave #1064, Anacortes, WA 98221
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1917 Orchard Place, Anacortes, WA, the legal description of which is believed to be ORCHARDS PUD, LOT 16, ACRES 0.28, AF#200601190126. BEING A PORTION IN THE SE1/4 OF THE SW1/4 OF SECTION 25.
5. NAME OF THE OWNER OR REPUTED OWNER (if not known, state unknown): Michael and Kimberly Tveter, 26070 Shannon Point, Anacortes, WA 98221
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: October 26, 2007
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$7,885.97 plus other amounts to become due
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM, SO STATE HERE: \_\_\_\_\_

Claimant: Andy Mellama  
 Print or Type Name: Andgar Corporation  
 Address: 6920 Salashan Pkwy A-102, Ferndale, WA  
 Telephone: (360) 366-9900

STATE OF WASHINGTON )  
 ) ss  
 COUNTY OF Skagit )

Andy Mellama, being first duly sworn, on oath deposes and states: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees 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 clearly not excessive under penalty of perjury.

SUBSCRIBED AND SWORN to before me this 2<sup>nd</sup> day of November, 2007.



Vicki J. Pire  
 NOTARY PUBLIC in and for the  
 State of Washington  
 residing at Bellingham  
 My appointment expires 4-22-09



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