



200711070083

Skagit County Auditor

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AFTER RECORDING RETURN TO:

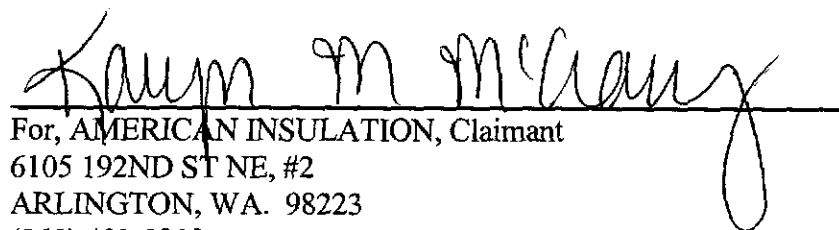
LIEN RESEARCH CORP.
P. O. BOX 148
MARYSVILLE, WA 98270

CLAIM OF LIEN

AMERICAN INSULATION
Claimant.
VS
TIM CLEELAND, C/B DEVELOPMENT
CORP
(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: AMERICAN INSULATION
TELEPHONE NUMBER: (360) 403-8202
ADDRESS: 6105 192ND ST NE, #2, 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: MAY 21, 2007
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: TIM CLEELAND, C/B DEVELOPMENT CORP, 18407 MAJESTIC RIDGE LN, MOUNT VERNON, WA. 98273
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 1600 ALPINE CREST LOOP, MOUNT VERNON, WA.
LEGAL DESCRIPTION: UNITS 1 THROUGH 4, ALPINE CONDOMINIUM, ACCORDING TO THE PLAT RECORDED UNDER AUDITOR'S FILE NO. 200405030217, RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P121565, P121566, P121567 & P121568
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
EAGLEMONT CONDOS LLC, 18407 MAJESTIC RIDGE LN, MOUNT VERNON, WA. 98273 / TIM CLEELAND, 18407 MAJESTIC RIDGE LN, MOUNT 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: AUGUST 10, 2007
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$4,002.48 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, AMERICAN INSULATION, Claimant

6105 192ND ST NE, #2
ARLINGTON, WA. 98223
(360) 403-8202

(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.

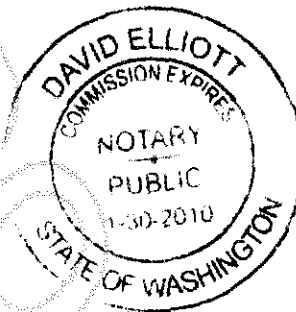
Karyn M McCrary

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 7 day of November, 2007

David Elliott

PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: EVERETT
My commission expires: 1/30/2010



Order #07-110275, dated: 11/5/2007



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