

Return Address:

CABINET CONNECTION
1221 RIVERSIDE DRIVE SUITE B
MOUNT VERNON, WA 98273



200803050074

Skagit County Auditor

3/5/2008 Page 1 of 3 11:49AM

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:

(please print last name first)

Reference # (If applicable):

Grantor(s) (Owner): (1) EAGLEMONT CONDOS LLC (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) CABINET CONNECTION (2) _____ Add'l. on pg 3

Legal Description (abbreviated): ALPINE CONDOMINIUM, UNIT B Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P121566 4835-000-002-0000

CABINET CONNECTION

Claimant

vs.

EAGLEMONT CONDOS LLC

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: CABINET CONNECTION
TELEPHONE NUMBER: (360) 428-8731 ADDRESS: 1221 RIVERSIDE DRIVE SUITE B
MOUNT VERNON, WA 98273
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: AUGUST 26, 2007
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: EAGLEMONT CONDOS LLC
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1000 B ALPINE
CREST LOOP, MOUNT VERNON, WA 98273
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
TELEPHONE NUMBER: _____ ADDRESS: 18407 MAJESTIC RIDGE LANE
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: FEBRUARY 13, 2008



Claim of Lien
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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 2692.80
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: YES

CABINET CONNECTION

Claimant

KIRK FELLERS

Print or Type Name

1221 RIVERSIDE LANE SUITE B

Address

MOUNT VERNAL, WA 98273

(360) 428-8731

Telephone Number

STATE OF WASHINGTON

County of SKAGIT

SS.

KIRK D. FELLERS

being sworn, says: 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 or heard the foregoing claim, read and 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.

Signed and sworn to before me on this

5

day of

march

2008

Print Name

Shannon Nootenboom

Notary Public in and for the State of

WA

My appointment expires:

08/20/2010

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Claim of Lien

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Legal Description: ALPINE CREST CONDOMINIUM, UNIT 2, AF#200405030217,
BEING A PORTION OF SE1/4 OF NW1/4 SECTION27, TOWNSHIP 34 NORTH,
RANGE 4 EAST.



200803050074
Skagit County Auditor