



200804250049

Skagit County Auditor

4/25/2008 Page

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210:11AM

After recording, return to (Name, Address, Zip):

Right Way Plumbing Heating, A/C Inc
647-A Sunset Park DR
Sedro Woolley WA 98284

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Eaglemont Condo's LLC
Grantee (Claimant): Right Way Plumbing Heating, A/C Inc
Abbreviated Legal Description: Alpine Condominium unit "A"
Assessor's Property Tax Parcel or Account No: P121565 4835-000-001-0000
Reference No(s) of Related Documents:

Right Way Plumbing, Heating, A/C Inc.
Claimant,
vs.
Eaglemont Condo's LLC
Name of person indebted to Claimant..

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

1. Name of Lien Claimant: Right Way Plumbing, Heating, A/C Inc.
Telephone Number: (360) 855-2665 Address: 647-A Sunset Park DR
Sedro Woolley, WA 98284
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: April 9, 2007
3. Name of person indebted to the Claimant: Eaglemont Condo's 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): 1600 "A" Alpine Crest Loop
Mt. Vernon, WA 98273
5. Name of the owner or reputed owner (If not known state "unknown"): unknown
6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: March 12, 2008

(OVER)



Form No. 90 - Claim of Lien

ES

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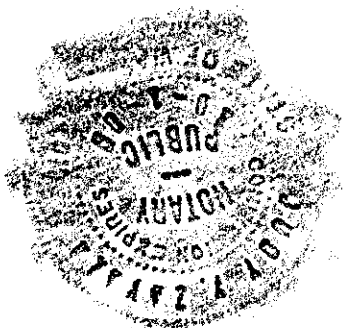
7. Principal amount for which the lien is claimed is: 17,540.00

8. If the Claimant is the assignee of this claim so state here: NO

CLAIMANT
Brightway Plumbing Heating, A/C Inc.
Julie L. Shelby Corp Sec
CLAIMANT'S NAME (TYPED OR PRINTED)
477A Sunset Park Dr
STREET ADDRESS
Sedro Woolley WA 98284
CITY STATE ZIP PHONE
360-855-0665

STATE OF WASHINGTON,
County of Skagit
ss. Julie L. Shelby

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 4-25-08
Julie L. Shelby Corp. Sec.
Notary Public for Washington
My appointment expires 10-1-09

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