AFTER RECORDING RETURN TO:

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

## **CLAIM OF LIEN**

N C MACHINERY CO Claimant.

VS

PARKER & MCCOY EXCAVATING

(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: N C MACHINERY CO TELEPHONE NUMBER: (425) 251-9800 ADDRESS: P.O. BOX 3562, SEATTLE, WA. 98124
- 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: SEPTEMBER 4, 2007
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: PARKER & MCCOY EXCAVATING, 1839 1ST AVE, STE. 2A, LONGVIEW, WA. 98632
- 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
  ADDRESS: MOUNT VERNON CHRISTIAN SCHOOL, 820 WEST
  BLACKBURN RD, MOUNT VERNON, WA.

LEGAL DESCRIPTION: THAT PORTION OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 30, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., KNOWN AS TRACT A, SHORT PLAT NO. 81-78, RECORDED UNDER AUDITOR'S FILE NO. 888915, AND TRACT 2, SHORT PLAT NO. 9-88, RECORDED UNDER AUDITOR'S FILE NO. 8804010056; EXCEPT THE NORTH 200 FEET OF SAID SHORT PLAT, AND TRACT 2, SHORT PLAT NO. 2-94, RECORDED UNDER AUDITOR'S FILE NO. 9404200030, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P28833

- 5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): MOUNT VERNON CHRISTIAN SCHOOL, 820 W. BLACKBURN, 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: MAY 30, 2008
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$15,806.62 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

For, N C MACHINERY CO, Claiman
P.O. BOX 3562

SEATTLE, WA. 98124 (425) 251-9800 (Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON ) s COUNTY OF SNOHOMISH )

N/A.

TAMARA A OQUIST, 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 perfury.

On this day personally appeared before me, TAMARA A OQUIST, 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 25 day of June, 2008

PRINTED NAME: DAVID ELLIOTT

**NOTARY PUBLIC** 

in and for the State of Washington.

Residing in: EVERETT

My commission expires: 1/30/2010

Order #08-061721, dated: 6/20/2008

OF WASHING



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