



200809240026

Skagit County Auditor

9/24/2008 Page

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2 9:55AM

INTER-ISLAND FIRE-SAFE CO., LLC
 DAC, Guardian & Sound Hydro
 648 West Mobius Loop
 Oak Harbor, WA 98277-4863

LF136-04

CLAIM OF LIEN

State of WashingtonCounty of Skagit

SS.

Aug. 15, 2008 (year)

Before me, the undersigned Notary Public, personally appeared

Stephanie L. Cooper

who duly sworn says that he is (the lienor herein) (the agent of the lienor herein)
 (Delete One)

INTER-ISLAND FIRE-SAFE CO. LLC

(Lienor's Name)

whose address is 648 W. Mobius Loop, Oak Harbor, WA 98277

(Lienor's Address)

and that in accordance with a contract with

Lockrem's Bar & Grill

lienor furnished labor, services or materials consisting of: (Describe specially fabricated materials separately)

SERVICE of FIRE EXTINGUISHERS, KITCHEN fire suppression
system, parts, taxes, etc.

on the following described real property in Skagit

County,

State of Washington:

(Describe real property sufficiently for identification, including street and number, if known)

12529 CHRISTIANSON ROAD
AVACORTES, WA 98221
P19867
TOWNSHIP 34, RANGE 02, SECTION 04

owned by Larry & Amber Nelson - Big Sky West LLC
of a total value of Two hundred thirty four \$28/100 Dollars
(\$ 294.28) of which there remains unpaid \$ 294.28, and
furnished the first of the items on Feb. 7, 2008 (year) and the last of the
items on Feb 7, 2008 (year) and (if the lien is claimed by one not in
privity with the owner) that the lienor served his notice to owner on May 8
2008 (year) by U.S. Mail
(Method of Service)

and, (if required) that the lienor served copies of the notice on the contractor on _____,
_____, (year), by _____, and on the subcontractor
(Method of Service)
on _____, _____ (year), by _____
(Method of Service)

INTER-ISLAND FIRE-SAFE
Lienor

By Stephanie L Cooper
Agent

State of WA
County of Island }

On _____ before me,
appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon
behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

Stephanie M. Streitler
Signature of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID WA
(Seal)

