



200811190079
Skagit County Auditor

11/19/2008 Page 1 of 2 2:15PM

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.
P. O. BOX 3409
ARLINGTON, WA. 98223

CLAIM OF LIEN

FIDALGO PAVING & CONSTRUCTION
LLC
Claimant.
VS
GLENCREST HOMES, INC
(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: FIDALGO PAVING & CONSTRUCTION
LLC

TELEPHONE NUMBER: (360) 652-2380
ADDRESS: 16825 45 RD, 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: AUGUST 22, 2008

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: GLENCREST HOMES, INC, P.O. BOX 185, LA CONNER, WA. 98257

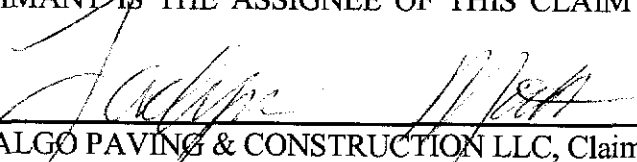
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 511 MORRIS ST, LA CONNER, WA.
LEGAL DESCRIPTION: LOTS 5 AND 8, BLOCK 14, "CALHOUN ADDITION TO THE TOWN OF LA CONNER", AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 14, RECORDS OF SKAGIT COUNTY, WASHINGTON, SURVEY RECORDED UNDER AUDITOR'S FILE NO. 200606290086.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P74169

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
JONATHAN DUCKWORTH, JULIE BURGMEIER, PETER M. & CAROL J. WHITED, 266 QUILLAYUTE PL, LA CONNER, WA. 98257 / PETER M. & CAROL J. WHITED, 310 N. 3RD ST, LA CONNER, WA. 98257

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 22, 2008

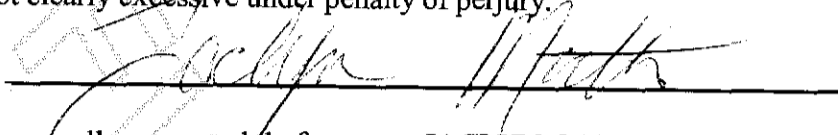
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$15,749.00 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.

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


For, FIDALGO PAVING & CONSTRUCTION LLC, Claimant
16825 45 RD
ARLINGTON, WA. 98223
(360) 652-2380
(Phone Number, Address, City/State of Claimant)


STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

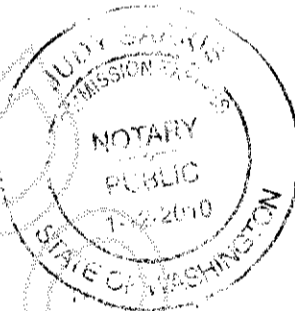
JACLYN MARTH, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.



On this day personally appeared before me, JACLYN MARTH, 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 17 day of November, 2008


PRINTED NAME: JUDY SARKIS
NOTARY PUBLIC
in and for the State of Washington.
Residing in: STANWOOD
My commission expires: 1/12/2010



Order #08-110741, dated: 11/10/2008



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