

Skagit County Auditor

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211:30AM

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

CLAIM OF LIEN

FIDALGO PAVING & CONSTRUCTION LLC Claimant. VS KNIGHT CONST & DESIGN LLC, PAT KNIGHT (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:

NAME OF LIEN CLAIMANT: FIDALGO PAVING & CONSTRUCTION

LLC

1.

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: NOVEMBER 5, 2008

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: KNIGHT CONST & DESIGN LLC, PAT KNIGHT, 11080 HAPPY VALLEY RD, ANACORTES, WA. 98221

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: ADDRESS: ANACO BEACH DRIVEWAY, 4602 ANACO BEACH RD, ANACORTES, WA.

LEGAL DESCRIPTION: LOT 2, ANACORTES SHORT PLAT BESSLER SHORT PLAT ANA-05-002, RECORDED UNDER AUDITOR'S FILE NO. 200509010125, BEING A PORTION OF LOT 75, ANACO BEACH, PORTION OF LOT 4 ANA-83-002 AND PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 27, TOWNSHIP 35 NORTH, RANGE 1 EAST, W.M. RECORDS OF SKAGIT COUNTY, WASHINGTON.

SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P123318

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): KNIGHT CONSTRUCTION & DESIGN LLC, 11080 HAPPY VALLEY RD, ANACORTES, WA. 98221

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: NOVEMBER 5, 2008

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$10,337.04 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.

N/A.

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

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

COUNTY OF SNOHOMISH

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 trivelous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

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 28 day of January, 2009

) SS

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

Order #09-011290, dated: 1/22/2009



