

AFTER RECORDING RETURN TO:

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



200904070049
Skagit County Auditor

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CLAIM OF LIEN

DAY CREEK SAND & GRAVEL LLC

Claimant.

VS

CASCADE ROCK & CONST., 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: DAY CREEK SAND & GRAVEL LLC
TELEPHONE NUMBER: (360) 826-6100
ADDRESS: P.O. BOX 398, SEDRO WOOLLEY, WA. 98235

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: OCTOBER 22, 2008

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: CASCADE ROCK & CONST., INC, P.O. BOX 63, N. LAKEWOOD, WA. 98259

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: FALCON COURT, 1917 N. LAVENTURE, MOUNT VERNON, WA.

LEGAL DESCRIPTION: PORTION OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 17, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON. (SEE FULL LEGAL ATTACHED)

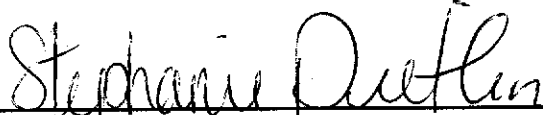
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P25889

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
MOUNT VERNON REAL ESTATE LLC, 450 SHATTUCK AVE S, STE. 201, RENTON, WA. 98057

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: JANUARY 24, 2009

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$4,955.90 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.

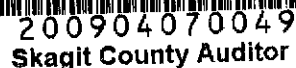
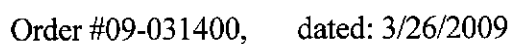


For, DAY CREEK SAND & GRAVEL LLC, Claimant
P.O. BOX 398
SEDRO WOOLLEY, WA. 98235
(360) 826-6100
(Phone Number, Address, City/State of Claimant)

STEPHANIE DIETLIN, 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, STEPHANIE DIETLIN, 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.


 PRINTED NAME: KARYN M WRIGHT
 NOTARY PUBLIC
 in and for the State of Washington.
 Residing in: STANWOOD
 My commission expires: 12/9/2009



THE SOUTH 1122.5 FEET OF THE EAST HALF OF THE SOUTHEAST QUARTER OF THE
NORTHEAST QUARTER OF SECTION 17, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.;
EXCEPT THE SOUTH 550 FEET THEREOF; EXCEPT THE EAST 214 FEET THEREOF; AND
EXCEPT THE NORTH 15.33 FEET OF THE SOUTH 565.33 FEET OF THE WEST 333 FEET OF THE
EAST HALF OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SAID
SECTION 17; ALSO EXCEPT TRACT "A" OF SURVEY RECORDED UNDER AUDITOR'S FILE NO.
9708040071; TOGETHER WITH THE SOUTH 1122.5 FEET OF THE EAST 15 FEET OF THE WEST
HALF OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 17,
TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.; EXCEPT THE SOUTH 565.33 FEET THEREOF.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.



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Skagit County Auditor