200912280241
Skagit County Auditor
12/28/2009 Page 1 of 2 3:16PM

Return Address:

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, [RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable):
Grantor(s) (Owner): (1) Craig V. Wells (2) Allison L. Wells Add'l. on pg
Grantee(s) (Claimants): (1) Mount Vernon Carpet Center (2) Add'l. on pg
Legal Description (abbreviated): (0.140ac) (75% INTEREST) PTN GV LOT 9 AKA TR A SHT PLT MV-4-77 AF# Add'l. legal is on page
Assessor's Property Tax Parcel /Account # P116567

Mount Vernon Carpet Center
Claimant
vs.
Skagit Architectual Millwork
Name of person indebted to Claimant

Notice is hereby given that the person named 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: Mount Vernon Carpet Center
TELEPHONE NUMBER: 360-336-8533 ADDRESS: 400 W. Fir St.
Mount Vernon, WA 98273

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 19, 2009

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Skagit Architectual Millwork

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 714 N. 1st St
Mount Vernon, WA 98273

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Craig Wells
TELEPHONE NUMBER: ADDRESS: P.O. Box 1149
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: September 19, 2009

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 4048.84

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

Claimant

Lisa Newman
Print or Type Name

Mount Vernon Carpet Center
Address 400 W. Fir St. Mount Vernon, WA 98273

360-336-6533
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Skagit }

Lisa Newman, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and 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.

Signed and sworn to before me on this 28th day of December, 2009.

DANIELLE L. SOREN
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
9-03-2013

Danielle L. Soren

Print Name Danielle L. Soren

Notary Public in and for the State of Washington

My appointment expires: 9-3-2012

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

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12/28/2009 Page 2 of 2 3:16PM