



201001190231
Skagit County Auditor

1/19/2010 Page 1 of 2 12:11PM

AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

D.K.S., INC.
Claimant.
VS
FIDALGO STORAGE LLC, ROBERT
HOWE
(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: D.K.S., INC.
TELEPHONE NUMBER: (360) 474-1333
ADDRESS: 18931 59TH AVE NE, #1, 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: JULY 4, 2008

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: FIDALGO STORAGE LLC, ROBERT HOWE, 2527 177TH ST SE, BOTHELL, WA. 98012

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: FIDALGO STORAGE LLC, 9012 MOLLY LANE, ANACORTES, WA. 98221

LEGAL DESCRIPTION: ALL UNITS IN BUILDING 1, AND ALL UNITS IN BUILDING 3, FIDALGO BUISNESS PARK CONDOMINIUM, CONDOMINIUM DECLARATION RECORDED UNDER AUDITOR'S FILE NO. 200910080142, AND ANY AMENDMENTS THERETO, SURVEY MAP AND PLANS RECORDED UNDER AUDITOR'S FILE NO. 200910080142, AND ANY AMENDMENTS THERETO, RECORDS OF SKAGIT COUNTY, WASHINGTON.

THE AMOUNT TO WHICH CLAIMANT IS ENTITLED FOR PRINCIPAL, INTEREST, ATTORNEYS' FEES AND OTHER COST PURSUANT TO THIS CLAIM OF LIEN, IS ALLOCATED TO EACH OF THE UNITS BASED UPON EACH UNIT'S PERCENTAGE SHARE OF THE ALLOCATED COMMON EXPENSE LIABILITIES AS SHOWN IN THE CONDOMINIUM DECLARATION FOR FIDALGO BUSINESS PARK CONDOMINIUM, A CONDMINIUM, THE DECLARATION AS IS PRESENTLY IS FILED UNDER SKAGIT COUNTY RECORDING NO. 200910080142.

SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P129867 THROUGH P129896
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
FIDALGO STORAGE LLC, 2527 177TH ST SE, BOTHELL, WA. 98012

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: OCTOBER 23, 2009

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$335,875.13 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.

Judy Sarkis
For, D.K.S., INC., Claimant
18931 59TH AVE NE, #1
ARLINGTON, WA. 98223
(360) 474-1333
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

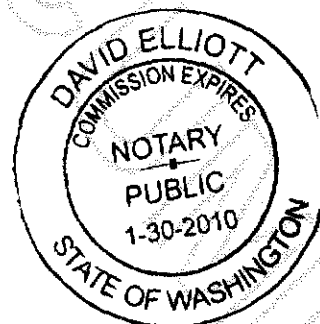
JUDY SARKIS, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and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

Judy Sarkis

On this day personally appeared before me, JUDY SARKIS, 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 12 day of January, 2010

David Elliott
PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: EVERETT
My commission expires: 1/30/2010



Order #10-010215, dated: 1/8/2010



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