201008060110
Skagit County Auditor
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After recording, return to (Name, Address, Zip):

ACE CONCRETE CUTTING, LLC
P.O. BOX 1965
ANACORTES, WA 98221

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): WILL GUENTHER DBA: ECI
Grantee (Claimant): ACE CONCRETE CUTTING
Abbreviated Legal Description: LOT 2A SEAFARERS VIEW
Assessor's Property Tax Parcel or Account No: P32948
Reference No(s) of Related Documents: ACE INV. # 8030

THOMAS M. SHAFER DBA:
ACE CONCRETE CUTTING, LLC
Claimant,

vs.

WILL GUENTHER DBA
ECI / ELECTRICAL CONST., INC.,
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: THOMAS M. SHAFER
Telephone Number: (360) 299-2714 Address: P.O. BOX 1965
ANACORTES, WA 98221

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: 4/10/10

3. Name of person indebted to the Claimant: WILL GUENTHER

4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): NORTHWEST CAREER & TECHNICAL ACADEMY 1601 A AVE. ANACORTES

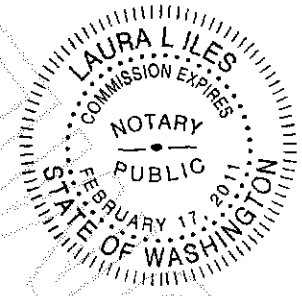
5. Name of the owner or reputed owner (If not known state "unknown"): NORTHWEST EDUCATIONAL SERVICE & DISTRICT # 189

6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: JUNE 1, 2010

(OVER)

7. Principal amount for which the lien is claimed is: $2,800 + 300 LEGAL = $3,100.-

8. If the Claimant is the assignee of this claim so state here: _____



Thomas M. Shafer
CLAIMANT

THOMAS M. SHAFER
CLAIMANT'S NAME (TYPED OR PRINTED)

2418 PENNSYLVANIA AVE
STREET ADDRESS

ANACORTES WA 98221 (360) 299-2714
CITY STATE ZIP PHONE

STATE OF WASHINGTON,
County of Skagit } ss.

Thomas Shafer, 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 August 6, 2010

Laura L. Iles
Notary Public for Washington
My appointment expires 2-17-11

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