

RETURN TO:

LANCE NORTHWEST TRUCKING L.L.C.

P. O. BOX 1301

MONROE, WA 98272



201012170075
Skagit County Auditor

12/17/2010 Page

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LANCE NORTHWEST TRUCKING L.L.C.

Claimant

VS.

CLAIM OF LIEN

EARTH TECH INDUSTRIES NW L.L.C. / ANDERSEN CONSTRUCTION

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: LANCE NORTHWEST TRUCKING L.L.C.

Address: P. O. BOX 1301
MONROE, WA 98272

Telephone: (425) 345-0612

2. Date of which the claimant began to perform labor, provide professional services, materials, supply or equipment or the date of which employee benefit contributions became due: SEPTEMBER 18, 2010

3. Name of person indebted to the claimant: EARTH TECH INDUSTRIES NW L.L.C. / ANDERSEN CONSTRUCTION

4. Description of the property against which a lien is claimed:

PORTION OF NORTHWEST QUARTER OF SOUTHWEST QUARTER OF SECTION 16, TOWNSHIP 34 NORTH, RANGE 04 EAST, W.M., ALSO KNOWN AS: TRACT B OF SHORT PLAT S/P MV 2-86, RECORDED UNDER AUDITOR'S FILE #8601060030, ACCORDING TO THE RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.

TAX PARCEL #P25241 (#34041630090300)

COMMONLY KNOWN AS: 1400 N. LAVENTURE ROAD
MOUNT VERNON, WA 98273-2766

5. Name of Owner or Reputed Owner: SEA MAR COMMUNITY HEALTH CENTER
1040 S. HENDERSON ST.
SEATTLE, WA 98108-4720

instrument and acknowledged it as the President of Construction Credit Corporation to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED this 15TH day of DECEMBER, 2010.


(Signature)

MELANIE P. MEKKHAVONG
STATE OF WASHINGTON
NOTARY PUBLIC
MY COMMISSION EXPIRES
10-10-12

Print Name: MELANIE P. MEKKHAVONG
Notary Public, in and for the State
of Washington, residing at Seattle
My commission expires: October 10, 2012

CC: SEA MAR COMMUNITY HEALTH CENTER
1040 S. HENDERSON ST.
SEATTLE, WA 98108-4720

CERTIFIED NO. 7008 1140 0002 5525 9753

Claim of Lien – 3 of 3



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