



201012280013
Skagit County Auditor

12/28/2010 Page 1 of 2 8:36AM

Return Address: _____
 Western Concrete Pumping Inc

 2015 E Bakerview Road

 Bellingham, WA 98226

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) Choffel Robyn (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) Western Concrete Pumping Inc (2) _____ Add'l. on pg _____

Legal Description (abbreviated): 7380 State Route 9, Sedro Woolley, WA Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P36265 SE NE 12-35-04

Western Concrete Pumping Inc.

 Claimant
 vs.
Gary Larsen

 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: Western Concrete Pumping Inc
 TELEPHONE NUMBER: 360-671-5757 ADDRESS: 2015 E Bakerview Road,
Bellingham, WA 98226
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 25, 2010
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Gary Larsen
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
7380 State Route 9, Sedro Woolley, WA 98284
Parcel #: P36265
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"); Choffel Robyn
 TELEPHONE NUMBER: _____ ADDRESS: 109 S 38th Place,
Mount Vernon, WA 98274
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 25, 2010

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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 PR



Print Name Daniel Szabo
Notary Public in and for the State of Washington
My appointment expires: May 3, 2014

Date this 20th day of December 2010

Arvin Zoerink, 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.

STATE OF WASHINGTON
County of Whatcom

SS.

Arvin Zoerink
Claimant
Western Concrete Pumping Inc
Print or Type Name
2015 E Bakerview Road
Bellingham, WA 98226
Address
360-671-5757
Telephone Number

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 663.59
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: