201101140014
Skagit County Auditor
1/14/2011 Page 1 of 2 8:50AM

Return Address:
Mt. Baker Roofing, Inc
3950 Home Rd
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): Inv # 26447
Grantor(s) (Owner): (1) William Jenkins (2) _____ Add'l. on pg___
Grantee(s) (Claimants): (1) Mt. Baker Roofing Inc (2) _____ Add'l. on pg___
Legal Description (abbreviated): Lot 19, PTN 18&20 NPA Add'l. legal is on page___
Assessor's Property Tax Parcel /Account # P58638 3516 W 8th Pl

Mt. Baker Roofing, Inc. Lot 6 Survey 8709090023
Claimant
vs.
William Jenkins
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: Mt. Baker Roofing, Inc
TELEPHONE NUMBER: 360 733-0191 ADDRESS: 3950 Home Rd
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: 10-26-2010

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: William Jenkins

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
3516 W 8th Pl Anacortes, WA 98221

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
TELEPHONE NUMBER: 360 421-5433 ADDRESS: 20409 N. 268th Ave.
Buckeye AZ 85396

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: 10/26/2010

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $7725.48 Plus Fee's & Finance Charges

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

Mt. Baker Roofing, Inc
Claimant

Print or Type Name

3950 Home Rd
Address

Bellingham, WA 98226

360 733-0191
Telephone Number

STATE OF WASHINGTON }
} ss.
County of _____ }

Diana L Johnson, 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.

Vice President

Signed and sworn to before me on this 13th day of January, 2011.

TAUNYA J. LANKHAAR
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES APRIL 01, 2012

Taunya J Lankhaar
Print Name Taunya J. Lankhaar

Notary Public in and for the State of Washington

My appointment expires: April 1 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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1/14/2011 Page 2 of 2 8:50AM