



201201180039

Skagit County Auditor

1/18/2012 Page

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2 2:17PM

Mt. Baker Overhead Garage Doors Inc
315 Alger CCC RD
Sedro Woolley, WA 98284

CLAIM OF LIEN
(RCW 60.04.091)

Claimant (Grantee):

Mt. Baker Overhead Garage Doors Inc. (MTBAKOG983BS)

Person or Company Indebted

To Claimant (Grantor):

Rick L & Shelley D Holt

Abbreviated Legal Description

(i.e., "Lot 1, Block 2, ...):

9429 Avon Allen Rd, Bow, WA

PN Lot 3 SP 31-87 8712070036

Assessor's Property

Tax Parcel/ Account No.:

P68635

NOTICE IS HEREBY GIVEN THAT THE UNDERSIGNED CLAIMS A LIEN

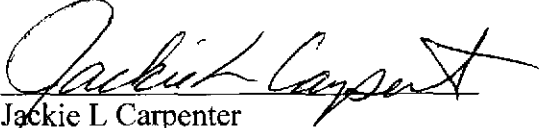
PURSUANT TO CHAPTER 60.04 RCW. In support of this lien, the following information is submitted:

1. **Name of Lien Claimant:** Mt. Baker Overhead Garage Doors Inc. 315 Alger CCC RD, Sedro Woolley, WA (360) 724-3261 or (360) 671-5582
2. **Date on which Claimant began to perform labor, provide professional services, supply materials or equipment, or the date on which employee benefit contributions became due:** October 27, 2011
3. **Name of person who requested labor, materials, and equipment and who is indebted to the claimant:** Rick L & Shelley D Holt 9429 Avon Allen Rd, Bow, WA 98232

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4. **Description of the property against which a lien is claimed:** Parcel # P68635 (2.0000 ac) DR25: DK25: SAMISH RIVER AC PTN LTS 11 & 12 AKA LT 3 SK CO S/P 31-87 AF #8712070036, EXCEPT THE EAST 81.10 FEET THEREOF.
5. **Name of the owner or reputed owner:** Rick L & Shelley D Holt 9429 Avon Allen Rd, Bow, WA 98232 360-739-5696
- 6.
7. **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 27, 2011
8. **Principal amount for which the lien is claimed:** \$595.10
9. **In the Claimant is the assignee of this claim so state:**

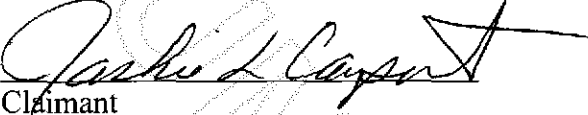

Jackie L Carpenter
315 Alger CCC RD
Sedro Woolley, WA 98284
(360) 724-3261

STATE OF WASHINGTON }

County of Skagit }

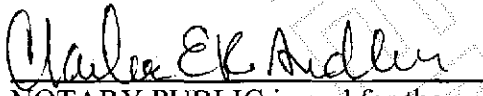
SS.

Jackie L Carpenter, being first duly sworn upon oath, deposes and says:
That I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above names; 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 the penalty of perjury.


Claimant

SUBSCRIBED and SWORN TO before me this 18 day of January, 2012.




NOTARY PUBLIC in and for the
State of Washington
Residing at: 315 Alger CCC RD
Commission expires: 6-11-2015

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