#### **RECORDING REQUESTED BY AND RETURN TO:**

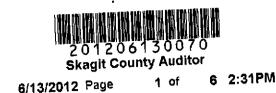
Superior/Coit, Inc

16750 Woodinville/Redmond Rd. WOODINVILLE WA 98072 USA

Telephone: (425) 481-5391

Fax: (425) 481-7367

APN # P68036



# NOTICE OF CLAIM OF LIEN (RCW 60.04.091)

The undersigned claimant, Superior/Coit, Inc, hereby claims a construction lien as follows:

The name and address of the person performing labor or furnishing material is Superior/Coit, Inc, 16750 Woodinville/Redmond Rd. #C103, WOODINVILLE, WA 98072.

The time of the commencement of performance of labor or the furnishing of materials was 04/30/2012. The time of the cessation of performance of labor or the furnishing of materials was 04/09/2012.

The name of the person by whom the claimant was employed, or to whom the claimant furnished the material is Calvin and Patricia Linnemann, 5006 / 5010 Potlatch Ln, ANACORTES, WA 98221.

The name of the owner, or reputed owner, is Calvin and Patricia Linnemann, 5855 Grave Lake Dr, CINCINNATI, WA 45243.

A description of the property to be charged with the lien is the Calvin and Patricia Linnemann project, located at 5006 / 5010 Potlatch Lane, ANACORTES, WA 98221, Assessors or Property Parcel Number: P68036, in the County of Skagit. The property is more particularly described as set forth within Exhibit A, if attached.

Lots 1-2 Potlatch Beach Quemes Island
The specific contract information is for Our Job/Invoice #job #6014
invoice #29052.

The principal amount claimed is \$60,496.33, including service charges or interest at the rate of 18.000% per annum.

To the unpaid balance due of \$60,496.33, please add anticipated service charges, interest, court costs and attorney fees of  $\underline{\quad 0}$ 

Dated 06/07/2012 for claimant Superior/Coit, 16750 Woodinville/Redmond Ba. #20103, WOODINVILLE, WA 98072

Prepared by:

eneral Manager Larry Weinberg

#### VERIFICATION

I declare that I am authorized to file this claim on behalf of the claimant. 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 under the laws of the State of Washington. Executed at WOODINVILLE, WA on 06/07/2012 for Superior/Coit, Inc.

Prepared by:

Larry Weinberg General Manager

Property Description: Exhibit A

Labor or Materials Information: Exhibit C

Skagit County Auditor

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### EXHIBIT A - PROPERTY DESCRIPTION

Owner:

Calvin and Patricia Linnemann

Project:

Calvin and Patricia Linnemann

The following is a complete legal description, to the best of our knowledge, of the property to be liened. Information for this exhibit as obtained through the recorder's office where the property is located, or from other sources:

Parcl #P68036 Xrefld #3967-000-002-0003 Secton 35 Township 36 Range 01

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### EXHIBIT C - COMPLETE DESCRIPTION OF MATERIALS OR LABOR SUPPLIED

Owner: Calvin and Patricia Linnemann

Project: Calvin and Patricia Linnemann

The following is a complete list, to the best of our knowledge, of all materials or labor which, by agreement, were supplied, or will be supplied,

Superior/Coit, Inc

Water loss
All structure

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# **Superior Cleaning & Restoration**

**Invoice** 

16750 Woodinville-Redmond Rd NE #C-103 Woodinville, WA 98072

Phone:

425-481-5391

Fax: 425-481-5828

Date

Invoice #

4/12/2012

29052

Bill To:

Treadlight Construction 5054 Noon Rd Bellingham, WA 98226 Job:

Calvin & Patricia Linnemann 5006 Potlach Lane Anacortes, WA 98221

Terms	Due Date
Net 30	5/12/2012

			5/12/2012
	Description	-	Amount
Contract billing per attached Contract billing per attached			23,438.90 32,680.14
		Sales Tax	<b>(7.8%)</b> \$4377.29
		Total	\$60,496.33

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## **ACKNOWLEDGEMENT BY NOTARY PUBLIC**

State of Washington	)
County of King	)
State, personally appeared:  [X] personally known to m  [ ] proved to me on the k	kie Bagley, a Notary Public in and for said  LUYY WUNDER  me - OR -  basis of satisfactory evidence:  name(s) is/are subscribed to the attached
instrument and acknowledge his/her/their authorized	capacity(ies), and that by his/her/their ument the person(s), or their entity appropriately cted, executed the instrument.
this date of 06/07/2012.	FUBLIC TO THE PUBLIC TO THE PU
Jackie Bagley	CAPACITY CLAIMED BY SIGNER
[ ] Individual(s)	[ ] Partner(s) [ ] Attorney-in-fact
[ ] Subscribing Witness	[ ] Guardian/Conserv. [ ] Trustee(s)
[ ] Corporate Officer(s)	[X] Other: President on General Manager
Titles	
	hough the information requested below is OPTIONAL, it achment of this certificate to unauthorized documents.
Title or Type of Document:	Affidavit Claiming Lien
Number of Pages:	Date of Gocument: 06/07/2012
Signer(s) Other Than Named A	Bove:

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