



201211070044

Skagit County Auditor

11/7/2012 Page

1 of

2 1:50PM

After recording, return to (Name, Address, Zip):

E.L.A. Designs, LLCP.O. Box 2764Mount Vernon, Wa. 98273-2764**CLAIM OF LIEN**Grantor (Name of person indebted to Claimant): Jim Spane (Scoocum Holdings, LLC)Grantee (Claimant): E.L.A. Designs, LLCAbbreviated Legal Description: (1.1100 ac) WESTERN PETERBILT BINDING SITE PLANAssessor's Property Tax Parcel or Account No: P119264

Reference No(s) of Related Documents: _____

E.L.A. Designs, LLCP.O. Box 2764, Mount Vernon, WA 98273

Claimant,

vs.

Jim Spane (Scoocum Holdings, LLC)1611 Buck Way, Mount Vernon, WA

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: E.L.A. Designs, LLC (Eric Anderson)
Telephone Number: 360-466-2510 Address: P.O. Box 2764, MV-WA 98273
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: 7/14/2010
3. Name of person indebted to the Claimant: Jim Spane (Scoocum Holdings, LLC)
1611 Buck Way Mount Vernon, WA 98273
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 200 Suzanne Lane, Mount Vernon, WA
(1.1100 ac) WESTERN PETERBILT BINDING SITE PLAN L99-0003, LOT 3, ACRES
1.11, (DR17 DK03). (DR17 DK03).
5. Name of the owner or reputed owner (If not known state "unknown"): Jim Spane (Scoocum Holdings, LLC) 1611 Buck Way, Mount Vernon, WA 98273
6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: 7/12/2010

(OVER)



Form No. 90 - Claim of Lien

BEBE

© 2006-2010 Washington Legal Blank, Portland, OR www.wlbforms.com

NO PART OF ANY WASHINGTON LEGAL BLANK FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

7. Principal amount for which the lien is claimed is: 2,065.00

8. If the Claimant is the assignee of this claim so state here: Yes

E.L.A. Designs, LLC

CLAIMANT

14200 Leslie Lane

STREET ADDRESS

Eric Anderson

CLAIMANT'S NAME (TYPED OR PRINTED)

Mount Vernon, WA 98273 466-2510

CITY

STATE

ZIP

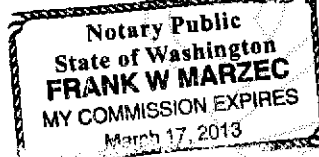
PHONE

STATE OF WASHINGTON, County of SKAGIT) ss.

ERIC ANDERSON

_____, 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.

SIGNED AND SWORN TO before me on 11/7/2012



[Signature]
Notary Public for Washington

My appointment expires 17 March 2013

NOTE: Consider whether one of the following additional notarial certificates should be completed. See *Williams v. Athletic Field, Inc.*, 155 Wn.App. 434, 228 P.3d 1297 (2010).

If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:

STATE OF WASHINGTON, County of _____) ss.

I certify that I know or have satisfactory evidence that _____

_____ is/are the individual(s) who appeared before me, and who acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED _____

Notary Public for Washington

My appointment expires _____

If the individual signing the Claim of Lien is making the Claim of Lien as an agent of another individual or as an agent on behalf of a business entity:

STATE OF WASHINGTON, County of _____) ss.

I certify that I know or have satisfactory evidence that _____

_____ is the individual who appeared before me, and who acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the _____ of _____

_____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED _____

Notary Public for Washington

My appointment expires _____



201211070044

Skagit County Auditor