



201310150096

Return Address:

SKAGIT ROOFING LLC

9672 FARM TO MARKET RD

BOW WA 98232

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/07: (please print last name first)

Reference # (if applicable): 350328-4-003-0003

Grantor(s) (Owner): (1) RICHARD EMIL HOFFMAN (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) SKAGIT ROOFING LLC (2) _____ Add'l. on pg _____

Legal Description (abbreviated): 0.5891 AFN 84031000 1901 E 330 FT OF S 1320 FT OF W 1/2 SE 1/4 LESS RD Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P34909

SKAGIT ROOFING LLC

Claimant
vs.

RICHARD EMIL HOFFMAN

Name of person indebted to Claimant

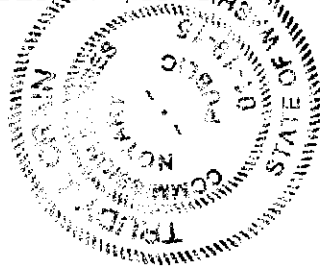
Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

- NAME OF LIEN CLAIMANT: SKAGIT ROOFING LLC
TELEPHONE NUMBER: 360-428-1900 ADDRESS: 9672 FARM TO MARKET RD
BOW WA 98232
- 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: 07/01/2012
- NAME OF PERSON INDEBTED TO THE CLAIMANT: RICHARD EMIL HOFFMAN
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
14719 JOSH WILSON RD
BURLINGTON WA 98233
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): RICHARD EMIL HOFFMAN
TELEPHONE NUMBER: 360-708-8996 ADDRESS: 63123 MARITUBA RD
MOUNTVERNON WA 98233
- 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: 07-15-2013





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.



Print Name Tracy J. Cain
Notary Public in and for the State of Wash.
My appointment expires: 1-19-15

Date this 14th day of Oct 2013

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.

County of Skagit }
James Richard
SS.

STATE OF WASHINGTON

Claimant James R. Hyatt
James R. Hyatt, President Skagit Row Farm LLC
Print or Type Name
9632 Farm to Market Rd
Address
Box WA 98232
360 428-1900
Telephone Number

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$9,197.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: