



201502120009

Skagit County Auditor

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AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.
P.O. BOX 3409
ARLINGTON, WA 98223

CLAIM OF LIEN

D.R. SIDING

Claimant.

VS

HIGHMARK HOMES, LLC

(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. Name of Claimant: D.R. SIDING
Telephone Number: (360) 853-3158
Address: 16088 MCLEAN RD, #25, MOUNT VERNON, 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: NOVEMBER 20, 2014

3. Name of person indebted to the Claimant: HIGHMARK HOMES, LLC, 16400 SOUTHCENTER PKWY, STE. 210, TUKWILA, WA. 98188

4. Description of the property against which a lien is claimed:

Address: 4722 MOUNT BAKER LOOP, MOUNT VERNON, WA.

Legal Description: LOT 30, SKAGIT HIGHLANDS, DIVISION II, A PLANNED UNIT DEVELOPMENT, APPROVED APRIL 3, 2006 AND RECORDED ON APRIL 4, 2006 UNDER AUDITOR'S FILE NO. 200604040052, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SKAGIT County Assessor's Tax Parcel No. P124250

5. Name of owner or reputed owner (if not known state "unknown"):
SKAGIT HIGHLANDS HOMES LLC, 16400 SOUTHCENTER PKWY, STE. 210, TUKWILA, WA. 98188

6. The last date on which labor was performed, professional services were furnished; contributions to an employee benefit plan were due on material, or equipment was furnished: JANUARY 20, 2015

7. Principal amount for which the lien is claimed: \$3,047.77, plus applicable lien fees &/or attorney's fees, &/or interest.

8. If the Claimant is the assignee of this claim so state here: N/A.

Lien Research Corp.

By: Jamece Mealey


It's Authorized Representative/Employee,
As Authorized agent of D.R. SIDING, Claimant
16088 MCLEAN RD, #25,
MOUNT VERNON, WA. 98273
(360) 853-3158

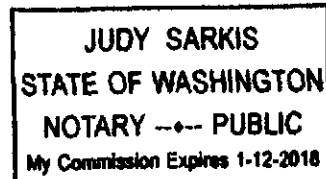
STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

JANIECE MEALEY, being sworn, says: I am an authorized representative/employee of the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.



Subscribed and sworn to before me this 9 day of February, 2015

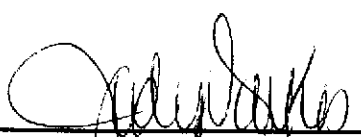

PRINTED NAME: JUDY SARKIS
NOTARY PUBLIC
in and for the State of Washington.
Residing in: STANWOOD
My commission expires: 1/12/2018

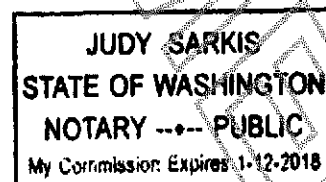


STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

On this 9 day of February, 2015, before me personally appeared JANIECE MEALEY, to me known to be the (president, vice president, secretary, treasurer, or other authorized officer or agent, as the case may be) of Lien Research Corp., a Washington corporation, that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation.

In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.


PRINTED NAME: JUDY SARKIS
NOTARY PUBLIC
in and for the State of Washington.
Residing in: STANWOOD
My commission expires: 1/12/2018



Order #15-020267, dated: 2/5/2015



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