

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

FSC Enterprises, LLC
21702 Lafayette Rd
Sedro Woolley, WA 98284

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): Hossein Javandel
Grantee (Claimant): FSC Enterprises, LLC
Abbreviated Legal Description: 519 E. Broad St., Mount Vernon, WA 98273
Assessor's Property Tax Parcel or Account No.: P 26756
Reference No(s) of Related Documents: 20-34-04 SW SW

FSC Enterprises, LLC

Claimant,

vs.

Hossein Javandel

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: FSC Enterprises, LLC
Telephone Number: 360-790-2914 Address: 21702 Lafayette Rd
Sedro Woolley, WA 98284
- 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: February 22, 2015
- Name of person indebted to the Claimant: Hossein Javandel
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 519 E. Broad St
Mt. Vernon, WA 98273
- Name of the owner or reputed owner (If not known state "unknown"): Hossein Javandel
- 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: March 25, 2015

(OVER)



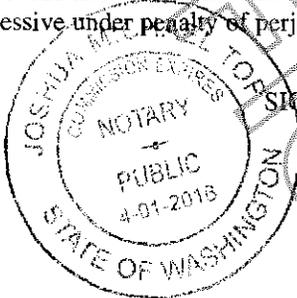
7. Principal amount for which the lien is claimed is: \$4,554.47

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

Wayne Sligar
CLAIMANT'S NAME (TYPED OR PRINTED)
STATE OF WASHINGTON, County of Skagit) ss.

21702 Lakayette Rd
STREET ADDRESS
Sedro Woolley, WA 98284
CITY STATE ZIP
360-770-2914
PHONE

_____, 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 June 16, 2015

Joshua Michael Top
Notary Public for Washington
My appointment expires 4-01-2016

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 _____

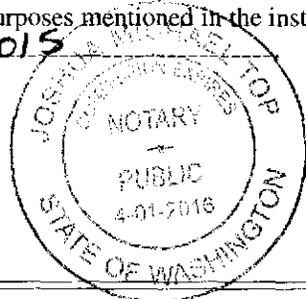
If the individual signing the Claim of Lien is making the Claim of Lien as an agent of another individual or as an agent on behalf of a business entity:

STATE OF WASHINGTON, County of Skagit) ss. Wayne Sligar

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 member of FSC Enterprises, LLC to be the free and voluntary act of

such party for the uses and purposes mentioned in the instrument.

DATED 6/16/2015



Joshua Michael Top
Notary Public for Washington
My appointment expires 4-01-2016