



201608120080

Skagit County Auditor

\$74.00

8/12/2016 Page

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2 11:40AM

**I. CLAIM OF LIEN**

**Grantor:** Francis W Cox

**Grantee:** CRR Inc. DbA / Complete Restaurant Repair

**Legal Description:** TOWN OF WOOLLEY, LOT 14, BLOCK 2, "WOOLLEY, THE HUB OF SKAGIT COUNTY, WASHINGTON", AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 92, RECORDS OF SKAGIT COUNTY, WASHINGTON. LOT 14, BLOCK 2, "WOOLLEY, THE HUB OF SKAGIT COUNTY, WASHINGTON", AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 92, RECORDS OF SKAGIT COUNTY, WASHINGTON.

**Assessor's Tax Parcel Identification Number:** P77458

**Street Address:** 118 Ferry Street Sedro Woolley, WA98284

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. **LIEN CLAIMANT: CRR Inc. DbA / Complete Restaurant Repair**  
**TELEPHONE NUMBER: 1-800-509-4105**  
**ADDRESS: P.O. Box 203 Kent, WA 98035**
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:**  
**July 19<sup>th</sup> 2016**
3. **NAME OF PERSON INDEBTED TO THE CLAIMANT: Domino's Pizza**
4. **DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: 118 Ferry Street Sedro Woolley, WA98284 ( Same as above)**
5. **NAME OF THE OWNER OR REPUTED OWNER: Francis W. Cox**
6. **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:  
July 19<sup>th</sup> 2016

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,181.37

Jessica McElwrath  
Jessica McElwrath  
Authorized Agent of the Claimant Complete  
Restaurant Repair

STATE OF WASHINGTON, )ss.  
COUNTY OF KING )

Jessica McElwrath, being sworn, says:

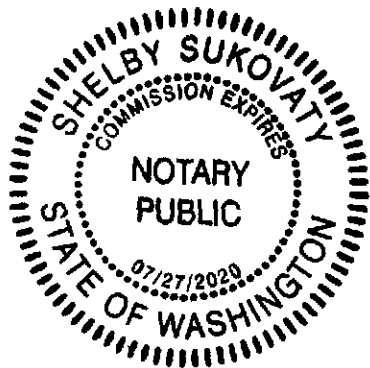
....., being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Jessica McElwrath  
Authorized Agent of the Claimant Complete Restaurant Repair

SUBSCRIBED AND SWORN to before me August 10, 2016.

I certify that I know or have satisfactory evidence that Jessica McElwrath is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it as the officer, trustee of CRR Inc. Dba/ Complete Restaurant Repair to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written. (Signature and title of officer with place of residence of notary public.)



Shelby Sukovaty  
[notary signature and info]