FILED FOR RECORD AT REQUEST OF:

Michael P. Jacobs RIACH GESE JACOBS, PLLC PO Box 1067 Lynnwood, WA 98046-1067



Skagit County Auditor 7/28/2017 Page

\$75.00

of 2 3:40PM

LABOR/MATERIALMANS' CLAIM OF LIEN

Grantor: ALLIANCE CONSTRUCTION, LLC., a Washington Limited Liability Company

Grantee: CASCADE LUMBER, INC., a Washington Corporation

Legal Description: LOT 1, EDEN'S ACRES PLAT

Additional legal on page: 1

Assessor's Tax Parcel ID#: P130511, 4999-000-000-0001 References Nos. of Documents Released or Assigned: N/A

Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW and/or 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT:

Cascade Lumber, Inc.

TELEPHONE NUMBER:

360-629-2119

ADDRESS:

825 N Good Road

P.O. Box 37

Stanwood/WA 98292

- 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: 04/03/2017
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Alliance Construction, LLC
- 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIENAS CLAIMED Lot 1, Eden's Acres Plat No. LP-6-08, according to the plat thereof recorded January 18, 2011 under Auditor's File No. 201101180064, records of Skagit County, Washington.

Subject to covenants, conditions, restrictions and easements of record.

Tax Parcel ID No.: P130511, 4999-000-000-0001

Commonly Known as: 502 Debbie Drive, Sedro Woolley, WA 98284.

- 5. NAME OF THE OWNER OR REPUTED OWNER: GARRICK SAGER, and/or ALLIANCE CONSTRUCTION, LLC.
- 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: 05/03/2017.
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$24,309.02, plus interest in the amount of one and one-half percent (1-1/2%) per month, plus lien costs and fees of \$450.00, plus \$150.00 to record lien and release in Skagit County.
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A
 DATED this 26 day of 2017.

STATE OF WASHINGTON) SS, COUNTY OF SNOHOMISH)

MICHAEL P. JACOBS, being sworn, says: I am the agent/attorney of the Claimant 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.

MICHAEL P. JACOBS

STATE OF WASHINGTON
) ss:

THIS IS TO CERTIFY that I know or have satisfactory evidence that MICHAEL P. JACOBS is the person who appeared before me, and on oath stated: that he is the agent/attorney for CASCADE LUMBER, INC., the corporation described in the foregoing instrument as the Grantee, and acknowledged to me that he is authorized to sign the foregoing instrument on behalf of the Grantee, and did sign and seal the same as the free and voluntary act and deed of Grantee, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this day of July , 2017.

NOTARY PUBLIC for the state of Washington Residing at: Bothell My Commission Expires: 6-19-20
Printed Name: Louist G. Williams