

AFTER RECORDING RETURN TO:

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

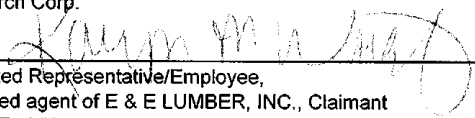
CLAIM OF LIEN

E & E LUMBER, INC.
Claimant
VS
ALLIANCE CONSTRUCTION, 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:

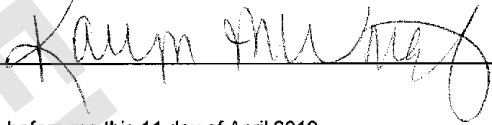
1. Name of Claimant: E & E LUMBER, INC.
Telephone Number: (360) 659-7661
Address: 1364 STATE AVE, MARYSVILLE, WA 98270
2. Date on which the claimant began to perform labor, provide professional services, supply material or equipment or the date on which employee benefit contributions became due: February 1, 2019
3. Name of the person indebted to the Claimant: ALLIANCE CONSTRUCTION, LLC, P.O. BOX 1845, MOUNT VERNON, WA 98273
4. Description of the property against which a lien is claimed:
Address: 1216 NORTH 15TH ST, MOUNT VERNON, WA
Legal Description: LOT 1 OF MOUNT VERNON SHORT PLAT NO. LU-05-089, RECORDED JUNE 15, 2006, UNDER AUDITOR'S FILE NO. 200606150118, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 17, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.
SKAGIT County Assessor's Tax Parcel No. 340417-4-106-0100 / P124689
5. Name of owner(s) or reputed owner(s) (if not known, state "unknown"):
ALLIANCE CONSTRUCTION, LLC, P.O. BOX 1845, MOUNT VERNON, WA 98273
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: April 10, 2019
7. Principal amount for which the lien is claimed: \$40,000.00, 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: 
It's Authorized Representative/Employee,
As Authorized agent of E & E LUMBER, INC., Claimant
1364 STATE AVE
MARYSVILLE, WA 98270
(360) 659-7661

STATE OF WASHINGTON)
)ss
 COUNTY OF SNOHOMISH)

KARYN M WRIGHT, 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 forgoing 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 11 day of April 2019.



 PRINTED NAME: JANIECE MEALEY
 NOTARY PUBLIC, In and for the State of Washington.
 Residing in: ARLINGTON
 My commission expires: 12/28/2021

JANIECE MEALEY
 STATE OF WASHINGTON
 NOTARY --- PUBLIC
 My Commission Expires 12-28-2021

STATE OF WASHINGTON)
)ss
 COUNTY OF SNOHOMISH)

On this 11 day of April 2019, before me personally appeared KARYN M WRIGHT, to me known to be the (president, vice president, secretary, treasurer, or other authorized office 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 of 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 hear first above written.


 PRINTED NAME: JANIECE MEALEY
 NOTARY PUBLIC, In and for the State of Washington.
 Residing in: ARLINGTON
 My commission expires: 12/28/2021

JANIECE MEALEY
 STATE OF WASHINGTON
 NOTARY --- PUBLIC
 My Commission Expires 12-28-2021

Order # 19-040830, Dated 4/11/2019