

AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

PUREDRY RESTORATION, LLC
Claimant
VS
ALISON L WELLS
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: PUREDRY RESTORATION, LLC
Telephone Number: (425) 374-0027
Address: 606 RAINIER ST, SNOHOMISH, WA 98290
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: January 29, 2024
3. Name of the person indebted to the Claimant: ALISON L WELLS, 1822 LINDSAY LP, MOUNT VERNON, WA 98274
4. Description of the property against which a lien is claimed:
Address: 1822 LINDSAY LP, MOUNT VERNON, WA
Legal Description: LOT 11, MADDOX CREEK PUD PHASE I, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 16 OF PLATS, PAGES 121 THROUGH 130, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON
SKAGIT County Assessor's Tax Parcel No. P109316
5. Name of owner(s) or reputed owner(s) (if not known, state "unknown"):
ALISON L WELLS, 1822 LINDSAY LP, MOUNT VERNON, WA 98274
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: February 26, 2024
7. Principal amount for which the lien is claimed: \$20,365.33, together with interest, penalties, sales tax, costs, and attorneys' fees, as well as other charges, that will have accrued and may continue to accrue.
8. If the Claimant is the assignee of this claim so state here: N/A.

Lien Research Corp.

By: Alexa Patta
Its Authorized Representative/Employee,
As Authorized agent of PUREDRY RESTORATION, LLC, Claimant
606 RAINIER ST
SNOHOMISH, WA 98290
(425) 374-0027

STATE OF WASHINGTON)
)ss
COUNTY OF SNOHOMISH)

ALEXA PATTON, 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.

Alexa Patton

Subscribed and sworn to before me this 22 day of May 2024.

Karyn M Wright
PRINTED NAME: KARYN M WRIGHT
NOTARY PUBLIC, In and for the State of Washington.
Residing in: ARLINGTON
My commission expires: 12/28/2025

NOTARY PUBLIC
STATE OF WASHINGTON
KARYN M. WRIGHT
License Number 115005
My Commission Expires 12-28-2025

STATE OF WASHINGTON)
)ss
COUNTY OF SNOHOMISH)

On this 22 day of May 2024, before me personally appeared ALEXA PATTON, 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.

Karyn M Wright
PRINTED NAME: KARYN M WRIGHT
NOTARY PUBLIC, In and for the State of Washington.
Residing in: ARLINGTON
My commission expires: 12/28/2025

NOTARY PUBLIC
STATE OF WASHINGTON
KARYN M. WRIGHT
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Order # 24-050998, Dated 5/21/2024