

When recorded mail to:
ASSET ROOFING
17310 STATE ROUTE 9
SNOHOMISH, WASHINGTON 98296

CLAIM OF LIEN

ASSET ROOFING
Lien Claimant.
VS
MAJESTIC INN
(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 lien claimant: ASSET ROOFING
Address: 17310 STATE ROUTE 9, SNOHOMISH, WASHINGTON 98296
Telephone Number: (425) 777-0324
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: NOVEMBER 08, 2025
3. Name of person indebted to the Claimant: MAJESTIC INN, 419 COMMERCIAL
AVE, ANACORTIS, WASHINGTON 98221
4. Description of the property against which a lien is claimed:
Address: 419 COMMERCIAL AVE
ANACORTIS, WASHINGTON 98221
Legal Description: (0.2231 AC) LOTS 11 TO 13, BLOCK 24, MAP OF THE CITY
OF ANACORTES, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE
4, RECORDS OF SKAGIT COUNTY, WASHINGTON. TGW S1/2 OF VAC
ALLEY ADJ. SURVEY AF#201112050093; DESCRIBED AS SKAGIT County
Parcel No: P55015
5. Name of owner or reputed owner (if not known state "unknown"): MAJESTIC INN
LLC, 13635 NW CORNELL RD 100. PORTLAND, OREGON 97229
6. The last date on which claimant furnished labor, materials, professional services,
contributions to an employee benefit plan, and/or equipment was:
NOVEMBER 21, 2025
7. Principal amount for which the lien is claimed: \$ 11,800.65 plus applicable lien fees
&/or attorney's fees, costs &/or interest.
8. If the Claimant is the assignee of this claim so state here: N/A

CLAIMANT:
ASSET ROOFING
17310 STATE ROUTE 9
SNOHOMISH, WASHINGTON 98296
(425) 777-0324

Olivia Langdon

OLIVIA LANGDON, AS AUTHORIZED AGENT

VERIFICATION

STATE OF WASHINGTON)
)ss
COUNTY OF SNOHOMISH)

I, OLIVIA LANGDON 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.

Olivia Langdon

SIGNATURE

ACKNOWLEDGEMENT

STATE OF WASHINGTON)
)ss.
COUNTY OF KING)

I certify that I know or have satisfactory evidence that OLIVIA LANGDON is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the FINANCE MANAGER (title) of ASSET ROOFING (company) to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument..

Dated this 19th day of JANUARY 2026.

Notarized online using audio-video communication

Marie L. Martin
Notary Public
State of Washington
Commission #: 154721
Commission Expires: 07/17/2027

Marie L Martin

MARIE L MARTIN
NOTARY PUBLIC in and for the State
of Washington
My commission expires: 07/17/2027