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02/20/2026 01:49 PM Pages: 1 of 2 Fees: \$304.50
Skagit County Auditor

After recording, return to (Name, Address, Zip):

CLAIM OF LIEN	
Grantor (Name of person indebted to Claimant):	David Hoyt
Grantee (Claimant):	Robert Dickson w/ Building Dreams, LLC
Abbreviated Legal Description:	(31.92ac) CU FA # 62 AF # 80023 1 NW 1/4 of NW 1/4, Section 26 Township 36
Assessor's Property Tax Parcel or Account No:	P50028
Reference No(s) of Related Documents:	

Robert Dickson

Claimant,

vs. David Hoyt

Name of person indebted to Claimant.

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:

- Name of Lien Claimant: Robert Dickson
Telephone Number: 360.317.5058 Address: 5138 Wildlife Acres Ln, Sedro-Woolley, WA 98284
- 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: March 25, 2024
- Name of person indebted to the Claimant: David Hoyt
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 22227 Praise Rd, Sedro-Woolley, WA 98284
- Name of the owner or reputed owner (If not known state "unknown"): David Hoyt
- The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: January 6, 2026

(OVER)

7. Principal amount for which the lien is claimed is: \$19,303.00

8. If the Claimant is the assignee of this claim so state here: _____

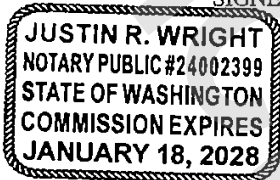
[Signature]
CLAIMANT
Robert Dickson
CLAIMANT'S NAME (TYPED OR PRINTED)
STATE OF WASHINGTON, County of Skagit) ss.
Robert Dickson

5138 Wildlife Acres Ln
STREET ADDRESS
Sedro-Woolley, WA 98284 360375058
CITY STATE ZIP PHONE

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.

[Signature]

SIGNED AND SWORN TO before me on 2-17-2026



[Signature]
Notary Public for Washington
My appointment expires JAN 18, 2028

NOTE: Consider whether one of the following additional notarial certificates should be completed. See *Williams v. Athletic Field, Inc.*, 155 Wn.App. 434, 228 P.3d 1297 (2010).

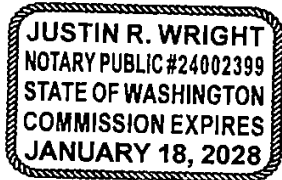
If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:

STATE OF WASHINGTON, County of Skagit) ss.

I certify that I know or have satisfactory evidence that ROBERT DICKSON

is/are the individual(s) who appeared before me, and who acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED 2-17-26



[Signature]
Notary Public for Washington
My appointment expires JAN 18, 2028

If the individual signing the Claim of Lien is making the Claim of Lien as an agent of another individual or as an agent on behalf of a business entity:

STATE OF WASHINGTON, County of _____) ss.

I certify that I know or have satisfactory evidence that _____

is the individual who appeared before me, and who acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the _____ of _____

to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED _____

Notary Public for Washington
My appointment expires _____