

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP. P. O. BOX 449 EVERETT, WA 98206

## CLAIM OF LIEN

CSR		N.N.		)
Claimant	:. </td <td></td> <td></td> <td>)</td>			)
	7	7\$ <i>^</i>	•	)
SUNSET E	FOOD MARI	r A. L		)
KYUNG JO		A Commence of the Commence of		)
(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: C S R TELEPHONE NUMBER: 425-355-2111
  ADDRESS: P.O. BOX 2037, EVERETT, WA 98203
- 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: SEPTEMBER 10, 1999
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: SUNSET FOOD MART, KYUNG JOO JIN, 17768 SR 536, MOUNT VERNON, WA 98273
- 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

SUNSET FOOD MART, 17768 ST. HWY 536, MOUNT ADDRESS: VERNON, WASHINGTON

LEGAL DESCRIPTION: LOT 1, (DK 1), CONN-LIND ADDITION, ACCORDING TO THE PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 25, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P64484.

- 5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): KYUNG JOO JIN & SOOK CHUNG HEE, 2619 N 27TH ST, 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: SEPTEMBER 10,
- PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$34,770.69, PLUS \$150.00 LIEN FEES, (TOTAL \$34,920,69), PLUS INTEREST.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

> For C S R, Claimar P.O. BOX 2037

EVERETT, WA 98203

425-355-2111

(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON ) ) ss COUNTY OF SNOHOMISH )

KARYN OQUIST, being sworn, says: I am 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 foregoing 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.

On this day personally appeared before me, KARYN OQUIST, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 9 day of December, 1999.

PRINTED NAME: DAVID ELLIOTT

NOTARY PUBLIC

in and for the State of Washington.

Residing in: MOUNTLAKE TERRACE.
My commission expires: 1-30-2002

order #120310, dated: 12-9-99

OF WASHING

19991209085

Kathy Hill, Skagit County Auditor

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