200010110050

PLEASE RECORD AND RETURN TO: LienData USA, Inc. Agents For P.O. Box 1120 Bothell, WA 98041-1120 , Skagit County Auditor 10/11/2000 Page 1 of 2 11:01:26AM

GALE INDUSTRIES, INC. DBA: GALE INSULATION,

CLAIMANT,

VS.

TRADITIONAL HOME CONSTRUCTION,
Person or Persons,
Indepted to Claimant,

CLAIM OF LIEN

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:

1. NAME OF LIEN CLAIMANT:

ADDRESS:

Gale Industries, Inc. DBA: Gale Insulation

PO Box 225

Marysville, WA 98270

TELEPHONE NUMBER: (360) 659-7674

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: April 24, 2000

3. NAME OF PERSON INDEBTED TO CLAIMANT:
Traditional Home Construction
160 Cascade Place #206
Burlington, WA 98233

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (Street address, legal description or other information that will reasonably describe the property): WILIDA MOUNTAIN VIEW ESTATES, LOT 5, ACRES 4.80

Commonly Known As: Parcel #P100742

16112 Mountain View Rd. Mt. Vernon, Skagit County, Washington

5. NAME OF THE OWNER OR REPUTED OWNER:
Daniel & Deborah Boffey
DBA: Traditional Home Construction
160 Cascade Place #206
Burlington, WA 98233

- 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: August 4, 2000
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$770.51

PLUS LIEN FEES

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Not Applicable

DATED this 9th day of October, 2000.

LienData USA, Inc.

AGENT FOR CLAIMANT P.O. Box 1120 Bothell, WA 98041-1120 Gale Industries, Inc. DBA: Gale Insulation CLAIMANT PO Box 225 Marysville, WA 98270 (360) 659-7674

STATE OF WASHINGTON) (

COUNTY OF KING

)

Tiffany Coghlan, 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.

Tiffany Coghlan

SUBSCRIBED AND SWORN to before me this 9th day of October, 2000

Jackie Coghlan

NOTARY PUBLIC in and for the

State of Washington residing at Lynnwood.

My Commission expires: 02/04/01

CYLE COGY OF WASHING

200010110050 Skagit County Auditor

10/11/2000 Page 2 of 2 11:01:26AM