



200103010010  
Skagit County Auditor

3/1/2001 Page 1 of 2 9:43:25AM

Return Address:

James B. Scott  
3601 West 5<sup>th</sup> Street  
ANACORTES, WA 98221

### CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable): \_\_\_\_\_

Grantor(s) (Owner): (1) ALL SIDES INC (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

Grantee(s) (Claimants): (1) James B. Scott (2) \_\_\_\_\_ Add'l. on pg \_\_\_\_\_

Legal Description (abbreviated): 7569 South Dillard St, Concrete Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel / Account # P 70592

James B. Scott

Claimant

vs.

Robert Paulk aka All Sides Inc

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:

1. NAME OF LIEN CLAIMANT: James B. Scott  
TELEPHONE NUMBER: 360-293-6044 ADDRESS: 3601 West 5<sup>th</sup> St  
ANACORTES, WA 98221
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: 12/20/00
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Robert Paulk
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 7569 South Dillard St. Concrete
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): ALL SIDES INC Robert Paulk AKA  
TELEPHONE NUMBER: 360-299-0506 ADDRESS: 12338 So. Fidalgo Bay Rd.  
ANACORTES, WA 98221
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: 12/27/00





NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

THERESSA E. YOUNG  
STATE OF WASHINGTON  
NOTARY PUBLIC  
MY COMMISSION EXPIRES 12-16-03

Date this 1st day of March, 2001  
Print Name Theresa E Young  
Notary Public in and for the State of Washington  
My appointment expires: 12-16-03

under penalty of perjury. correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I being sworn, says: I am the claimant (or attorney of the

STATE OF WASHINGTON  
County of Skagit  
JAMES B SCOTT  
SS.

Claimant James B Scott  
Print or Type Name 3601 West 5th St  
Address HARRIS, WA 98221  
Telephone Number 360-293-6044

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$548,420  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: