



200103200007
Skagit County Auditor

3/20/2001 Page 1 of 2 9:02:07AM

Return Address:

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) _____ (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg _____

Legal Description (abbreviated): LOT 88 1st ADD. TO BIG LAKE WATER FRONT TRS. Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account #: 62105 / 3863-000-088-0005

MPB PAINTING

Claimant

RICK ANDERSON

vs.

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: MPB PAINTING
TELEPHONE NUMBER: (360) 755-7370 ADDRESS: 1500 A. E COLLEGE WAY # 490
MT. VERNON, WA. 98273
- 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: BEGAN - 2/5/01 THROUGH 2/23/01
- NAME OF PERSON INDEBTED TO THE CLAIMANT: RICK ANDERSON
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): NEW CONSTRUCTION
18799 WEST. BIG LAKE BLVD.
MT. VERNON, WA. 98273
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): RICK ANDERSON
TELEPHONE NUMBER: 428-5758 ADDRESS: 18799 W. BIG LK. BLVD.
MT. VERNON WA. 98273
- 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: 2/23/01





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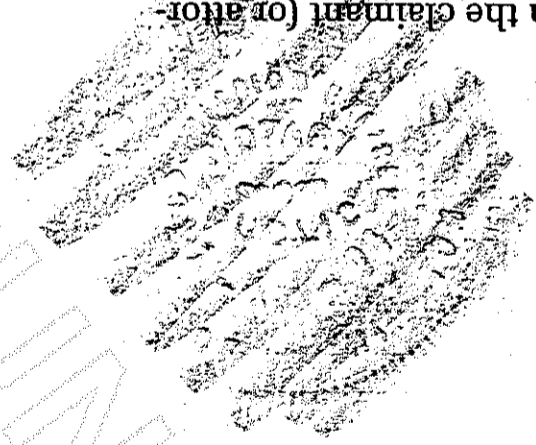


NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION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

My appointment expires: 11-15-04
Notary Public in and for the State of Washington
Print Name Cheryl D Lanier
Residing at Sedro Woolley

Signed and sworn to before me on this 20 day of March 2001

Milton P. Bickley
being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.



STATE OF WASHINGTON
County of Skagit
SS.

Milton P. Bickley / IMPR PRINTING
Claimant
Milton P. Bickley / IMPR PRINTING
Print or Type Name
1500 A. E. COLLEGE WAY #490
Address
MT. VENDOR, WA. 98273
(360) 755-7370
Telephone Number

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 897.85
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: