FILED FOR RECORD AT REQUEST OF:

Michael P. Jacobs RIACH GESE PLLC PO Box 1067 Lynnwood, WA 98046-1067



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SATISFACTION OF LABOR/MATERIALMANS' CLAIM OF LIEN

Grantor: CASCADE LUMBER, INC., a Washington Corporation

Grantee: DEAN HOLT CONSTRUCTION LLC, a Limited Liability Company

Legal Description: Lot 8, BLACKBURN RIDGE PHASE 2.

Additional legal on page: 1

Assessor's Tax Parcel ID#: P117363 4767-000-008-0000 References Nos. of Documents Released or Assigned: N/A

KNOW ALL PERSONS BY THESE PRESENTS: That CASCADE LUMBER, INC., a Washington corporation, the claimant by and under a certain Labor/Materialmans' Claim of Lien filed in the office of the Auditor of Skagit County, Washington, on February 13, 2001, under Auditor's File No. 200102130048, and under which it claims a lien against DEAN HOLT CONSTRUCTION LLC, a Limited Liability Company, for \$1,908.34, hereby acknowledges payment and satisfaction thereof, and does hereby release said debtors from the lien and all claim thereunder, affecting the following described real property, to wit:

Lot 8, Blackburn Ridge Phase 2, as per plat recorded under Auditor's File No. 200010310122, situate in the county of Skagit, state of Washington.

DATED this 29 day of 2001.

CASCADE LUMBER, INC.

MICHAEL P. JACOBS, Agent/Attorney

STATE OF WASHINGTON)

ss:

COUNTY OF SNOHOMISH)

THIS IS TO CERTIFY that I know or have satisfactory evidence that MICHAEL P. JACOBS is the person who appeared before me, and on oath stated: that he is the agent/attorney for Cascade Lumber, Inc., the corporation described in the foregoing instrument, and acknowledged to me that he is authorized to sign the foregoing instrument on behalf of said entity, and did sign and seal the same as the free and voluntary act and deed of said entity, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this day of Marak

NANCY RABON E OF WASHINGTON COMMISSION EXPIRES

NOTARY PUBLIC for the state of Washington

Residing at:

My Commission Expires:

Printed Name:___

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