

Return Address: Tom Brown
Mt. Vernon Carpet Center
PO Box 1166
Mt. Vernon WA 98273-1166



200110090090

Skagit County Auditor

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

Grantee(s) (Claimants): (1) Mt Vernon Carpet Center (2) _____ Add'l. on pg _____

Legal Description (abbreviated): LA Conner Tide lands 1st class 536 T34 R2 S 114' OF TR 7 Plate 18 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # R 74458

Mt. Vernon Carpet Center

Claimant

John R. Cox & Associates 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:

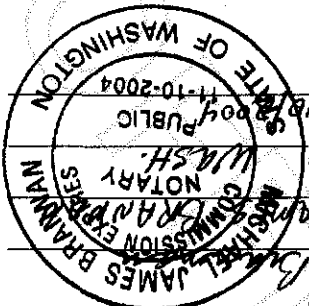
1. NAME OF LIEN CLAIMANT: Mt. Vernon Carpet Center (Tom Brown)
TELEPHONE NUMBER: (360) 336-6533 ADDRESS: PO Box 1166 Mt. Vernon WA 98273
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: 6/18/01
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: John R. Cox & Associates
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): LA Conner Tide lands 1st class 536 T34 R2 S 114' OF TR 7 Plate 18
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Skagit State Bank
TELEPHONE NUMBER: _____ ADDRESS: PO Box 285
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: 7/27/01



Skagit County Auditor
2001110090090



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: 11/10/04

Notary Public in and for the State of

Print Name MICHAEL JAMES BROWN

Michael James Brown

Date this 9 day of October 2001

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.

Tom Brown
being sworn, says: I am the claimant (or attorney of

County of Tom Brown

STATE OF WASHINGTON

SS.

Claimant Tom Brown
Print or Type Name Mt. Vernon Carpet Center
Address PO Box 1166 Mt. Vernon WA 98273
Telephone Number (360) 336-6533

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 1641.98
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

Tom Brown