



200110290071
Skagit County Auditor

10/29/2001 Page 1 of 2 11:14:55AM

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.
P. O. BOX 449
EVERETT, WA 98206

CLAIM OF LIEN

SNO-VALLEY FARMS LLC)
Claimant.)
VS)
RICHARD JOHNSON)
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: SNO-VALLEY FARMS LLC
TELEPHONE NUMBER: 360-568-1189
ADDRESS: 7230 89TH AVE SE, SNOHOMISH, WA. 98290

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: JULY 10, 2001

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: RICHARD JOHNSON, 605 TRAIL RD, SEDRO WOOLLEY, WA. 98284

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: NORTH TOWNSHIP RD, SEDRO WOOLLEY, WA.
LEGAL DESCRIPTION: LOTS B, C & D OF SKAGIT COUNTY SHORT PLAT NO. SW 01-79 AS APPROVED MAY 2, 1979, AND RECORDED MAY 4, 1979, IN VOLUME 3 OF SHORT PLATS, PAGE 112, UNDER AUDITOR'S FILE NO. 7905040019, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 13, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M.

SKAGIT COUNTY ASSESSOR'S TAX PARCEL NOS. P101553, P36416, P36417 & P36418 .

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): RICHARD B. JOHNSON, 5175 HIGHWAY 20, ROCKPORT, WA. 98283

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: JULY 31, 2001

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$14,067.83, PLUS \$133.00 LIEN FEES, (TOTAL \$14,200.83), PLUS INTEREST.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

Angie Mays

For SNO-VALLEY FARMS LLC, Claimant
7230 89TH AVE SE
SNOHOMISH, WA. 98290
360-568-1189
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) SS
COUNTY OF SNOHOMISH)

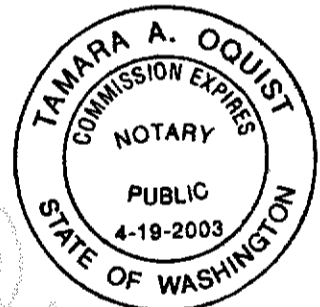
ANGIE MOYES, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and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

Angie Moyes

On this day personally appeared before me, ANGIE MOYES, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 26 day of October, 2001.

TAMARA A. OQUIST
PRINTED NAME: TAMARA A. OQUIST
NOTARY PUBLIC
in and for the State of Washington.
Residing in: ARLINGTON.
My commission expires: APRIL 19, 2003



order #101133, dated: 10-18-2001



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, Skagit County Auditor