

UNRECORDED



200212110121
Skagit County Auditor

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Return Address:
Floor Show Inc
8612 S March Pt Rd
ANACORTON 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) Palmer, Joan (2) _____ Add'l. on pg _____

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

Legal Description (abbreviated): 7-35-2 Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # Q 32770 | 350207-0-009 -0001

Floor Show Inc }
 Claimant
 vs.
Joan Palmer }
 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: Floor Show Inc
 TELEPHONE NUMBER: 360 293-4328 ADDRESS: 8612 S March Point Rd
Anacortes WA 98221
- 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: 7/22/02
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Joan Palmer
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
6132 S. Shore Rd
Anacortes WA 98221
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Joan Palmer
 TELEPHONE NUMBER: 360 293-0373 ADDRESS: 6132 S Shore Rd
Anacortes WA 98221
- 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: 11-21-02





Claim of Lien

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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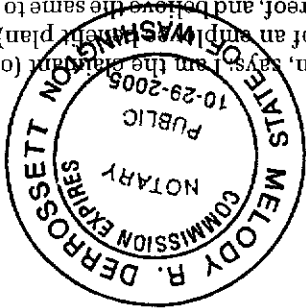


NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION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

Print Name: Mead F. Derrosset
Notary Public in and for the State of Washington
My appointment expires: 10/29/2005

Signed and sworn to before me on this 11th day of December, 2002

being sworn, says, and the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employment 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. Monica Frost

Claimant: Fiber Show - Inc M. Frost
Print or Type Name: 612 S Market Point Rd
Address: Interiors WA 98221
Telephone Number: 360 293-4328

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 1190.81
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: yes