



200301280093

Skagit County Auditor

AFTER RECORDING RETURN TO:

1/28/2003 Page 1 of 2 12:57PM

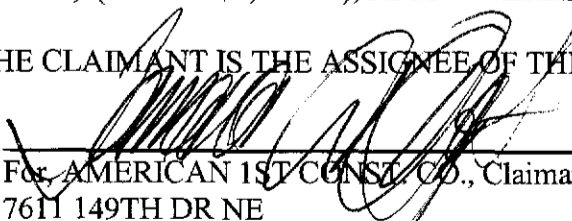
LIEN RESEARCH CORP.
P. O. BOX 449
EVERETT, WA 98206

CLAIM OF LIEN

AMERICAN 1ST CONST. CO.
Claimant.
VS
JOHN R. COX
(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:

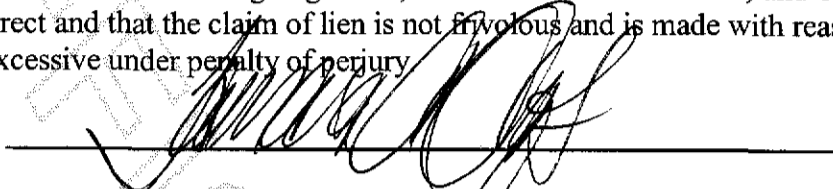
1. NAME OF LIEN CLAIMANT: AMERICAN 1ST CONST. CO.
TELEPHONE NUMBER: (425) 335-5978
ADDRESS: 7611 149TH DR NE, LAKE STEVENS, WA. 98258
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: NOVEMBER 10, 2002
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JOHN R. COX, P.O. BOX 456, ANACORTES, WA. 98221
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 2215 22ND ST, ANACORTES, WA.
LEGAL DESCRIPTION: LOT 10, OF SURVEY RECORDED UNDER AUDITOR'S FILE NO. 200201240260, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF BLOCK 214, ANACORTES.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P119014
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
JOHN R. COX & ASSOCIATES LLC, P.O. BOX 456, ANACORTES, WA. 98221
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: DECEMBER 12, 2002
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$6,615.00, PLUS \$154.00 LIEN FEES, (TOTAL \$6,769.00), PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.



 For AMERICAN 1ST CONST. CO., Claimant
 7611 149TH DR NE
 LAKE STEVENS, WA. 98258
 (425) 335-5978
 (Phone Number, Address, City/State of Claimant)

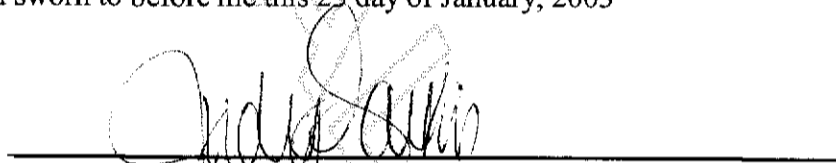
STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

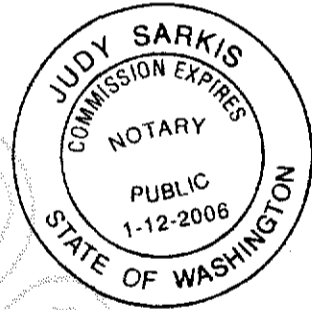
TAMARA A OQUIST, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct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



On this day personally appeared before me, TAMARA A OQUIST, 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 23 day of January, 2003


PRINTED NAME: JUDY SARKIS
NOTARY PUBLIC
in and for the State of Washington.
Residing in: STANWOOD
My commission expires: 1/12/06



Order #121483, dated: 12/30/02



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Skagit County Auditor