

UNRECORDED



200304280099
Skagit County Auditor

Return Address:

MT. BAKER ROOFING, INC.
5459 HANNEGAN RD.
BELLINGHAM, WA 98226

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CLAIM OF LIEN *Invoice # 0066*

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) *John R Cox & Assoc* (2) _____ Add'l. on pg _____

Grantee(s) (Claimant): (1) *Mt Baker Roofing Inc* (2) _____ Add'l. on pg _____

Legal Description (abbreviated): *Block 230 Lot 8, 9, 10 + West 1/2 Lot 7* Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # *P56323*

Mt Baker Roofing Inc
Claimant
vs.
John R Cox & Assoc
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: *Mt Baker Roofing Inc*
TELEPHONE NUMBER: *3603982135* ADDRESS: *5459 Hannegan Rd Bellingham WA 98226*
- 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: *April 14 2003*
- NAME OF PERSON INDEBTED TO THE CLAIMANT: *John R Cox & Assoc*
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address/legal description or other information that will reasonably describe the property): *Anacortes Block 20 Lot 8, 9, 10 and West 1/2 Lot 7 Survey AF# 200301270117 2316 20th St Anacortes*
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): *James Notaro*
TELEPHONE NUMBER: _____ ADDRESS: *2119 Meadows Lane 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: *April 22 2003*



UNRECORDED

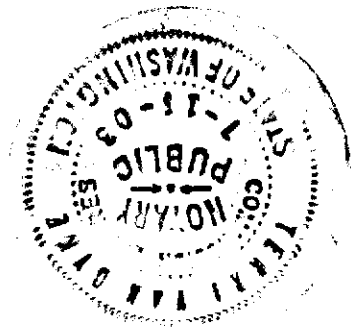


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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH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



My appointment expires: 7-15-2003
Notary Public in and for the State of Washington
Print Name Tara W. Wadsworth

Signed and sworn to before me on this 28th day of April 2003

under penalty of perjury, I am the claimant (or attorney of 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

Diana Johnson, being sworn, says: I am the claimant (or attorney of 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.
STATE OF WASHINGTON }
County of Skagit }
SS.

Claimant MT Baker Roofing, Inc.
Print Name Diana Johnson
Address 5439 Hammond Road
Bellevue WA 98006
Telephone Number 360-348-2135

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 4,574.61 plus Finance charge
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE :