

Prepared by, recording requested by and return to:

Name: JASON T WELLER  
Company: SOUND COMPUTER CARE  
Address: 403 MAPLE AVE, SUITE E  
City: SNOHOMISH  
State: WA Zip: 98290  
Phone: 425-344-3036; 425-374-9140  
Fax: 360-568-8687



200504290068

Skagit County Auditor

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-----Above this Line for Official Use Only-----

**CLAIM OF LIEN--CORPORATION**

Assessor's Property Tax Parcel No./Account No.: P67819, P67807 / West 10 Rods of Lots 1 and 8, Tract 1, Peavey's Acreage, according to the Plat thereof recorded in Volume 3 of Plats, page 37, records of Skagit County, Washington TOGETHER WITH 1988 Skyline Ambercove 60x27 Manufactured Home, Serial No: 619102111K.

SOUND COMPUTER CARE, CORP / JASON T WELLER, Claimant

vs

TRAVIS R & MARLA L MARTINEZ, [Name of person/s indebted to claimant]

Notice is hereby given that the person named below claims a lien pursuant to RCW 60.04.100. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT:

SOUND COMPUTER CARE, CORP / JASON T WELLER

TELEPHONE NUMBER: 425-344-3036/425-374-9140

ADDRESS: 403 MAPLE AVE., SUITE E

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 WAS THE 26<sup>th</sup> DAY OF JUNE, 2004.

3. NAME OF PERSON/S INDEBTED TO THE CLAIMANT:

TRAVIS R & MARLA L MARTINEZ

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (Street address, legal description or other information that will reasonably describe the property):

Addresses: 25661, 25663, 25665 MINKLER RD, SEDRO WOOLLEY, WA 98284 / Assessor's Property Tax Parcel No./Account No.: P67819, P67807 / West 10 Rods of Lots 1 and 8, Tract 1, Peavey's Acreage, according to the Plat thereof recorded in Volume 3 of Plats, page 37, records of Skagit County, Washington TOGETHER WITH 1988 Skyline Ambercove 60x27 Manufactured Home, Serial No: 619102111K.

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state Q "unknown"): TRAVIS R & MARLA L MARTINEZ

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 WAS THE 31<sup>ST</sup> DAY OF JANUARY, 2005.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:

\$89,174.93

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM, SO STATE HERE:

THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM

Sound Computer Care, Corp  
Corporation

Jason T Weller  
By [Signature]  
Owner/CEO  
Title

403 Maple Ave., Suite E  
Street Address

Snohomish, WA, 98290  
City, State, Zip Code

425-374-9140/425-344-3036  
Phone Number



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STATE OF WASHINGTON  
COUNTY OF SKAGIT, ss.

JASON T WELLER, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees 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.

Affiant Jason T. Weller

Title Owner / CEO

Subscribed and sworn to before me this 29 day of April, 2005.

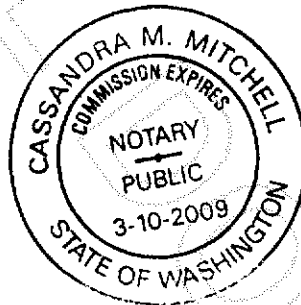
Cassandra M. Mitchell  
Notary Public residing at Mt. Vernon

Printed Name: Cassandra M. Mitchell

My Commission Expires:

3-10-09

WA § 60.04.091



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