



200505200083
Skagit County Auditor

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200504290068
Skagit County Auditor

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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

Re-record to Correct Amount pg 2

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 26th DAY OF JUNE, 2004.

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.

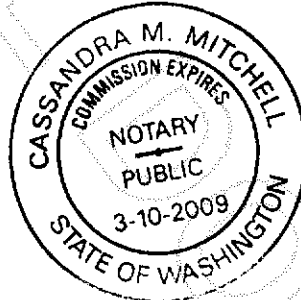
Cassandra M. Mitchell
Notary Public residing at Mt. Vernon

Printed Name: Cassandra M. Mitchell

My Commission Expires:

3-10-09

WA § 60.04.091



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