Skagit County Auditor

5/20/2005 Page

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ĮJANŽATĪVĪVĪVĪVĪVINI JAKĀVĪVIŪVI 200504290068 Skagit County Auditor

4/29/2005 Page

3 10:46AM

Name: JASON T WELLER

Company: SOUND COMPUTER CARE Address: 403 MAPLE AVE, SUITE E

Prepared by, recording requested by and

City: SNOHOMISH

return to:

State: WA Zip: 98290 Phone: 425-344-3036; 425-374-9140

Fax: 360-568-8687

Re-Record to Correct Amoi

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

DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, 2. PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EOUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE WAS THE 26th 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 31st DAY OF JANUARY, 2005.

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PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:

I MITCH THE THROUGHT I OR WILLIAM	AMEN' IS OLI MITLES IS:
\$89,174.93	\$141,174.93 (Amended "actu Lien Amount
	Z/ Lien Amount
F THE CLAIMANT IS THE ASSIGNEE (OF THIS CLAIM, SO STATE HERE:
THE CLAIMANT IS THE ASSI	
	Sound Computer Care, Corp
	Corporation Corporation
	Corporation
	Jason T Weller \ \ \ \ \ \
	By
	Owner/CEO
	Title
	403 Maple Ave., Suite E
	Street Address
	_Snohomish, WA, 98290
	City, State, Zip Code
	405 274 0140/405 244 2026
	425-374-9140/425-344-3036
	Phone Number

310:17AM

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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 , 20 05.
	Notary Public residing at Mt. Venen
	Notary Public residing at Mt. Ve-non
	Printed Name: Casandon M. Mitchell

My Commission Expires:

3-10-09

WA § 60.04.091



