

**PLEASE RECORD AND RETURN TO:**

**LienData USA, Inc. Agents For  
P.O. Box 1120  
Bothell, WA 98041-1120**



**200512080061  
Skagit County Auditor**

**12/8/2005 Page 1 of 2 11:46AM**

**CLAIM OF LIEN**

**BOCCHETTI CONTRACTING, INC.,  
CLAIMANT,  
VS.  
BURLINGTON ATHLETIC CLUB,  
Person or Persons  
Indebted to Claimant,**

**NOTICE IS HEREBY GIVEN** that the person named below claims a lien. In support of this lien the following information is submitted:

- Owner: **PPR Cascade LLC & Burlington Athletic Club**
1. **NAME OF LIEN CLAIMANT: Bocchetti Contracting, Inc.**  
**ADDRESS: 18133 S Steamer Ct**  
**Oregon City, OR 97045**  
**TELEPHONE NUMBER: (503) 329-7795**
  2. **DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT: July 1, 2005**
  3. **NAME OF PERSON INDEBTED TO CLAIMANT: Burlington Athletic Club, 463 Cascade Mall Dr, Burlington, WA 98275**
  4. **DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: Legal:(DK 12)PTN E1/2 SE1/4 CASCADE MALL BINDING SITE PLAN LOT 6 AF#8910190065. EXCEPT THAT PORTION OF LOT 6, "CASCADE MALL BINDING SITE PLAN", DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHEAST CORNER OF LOT 5 OF SAID BINDING SITE PLAN, ALSO BEING THE NORTHEAST CORNER OF SAID LOT 6; THENCE SOUTH 0 DEGREES 32' 18" EAST, ALONG THE EAST LINE OF SAID LOT 6 AND THE WEST MARGIN OF BURLINGTON BOULEVARD AS SHOW**  
**Commonly Known As: Parcel #P23857**  
**Burlington Athletic Club @ 463 Cascade Mall Dr**  
**Burlington, Skagit County, Washington**

5. NAME OF THE OWNER OR REPUTED OWNER:  
**PPR Cascade LLC And: Burlington Athletic Club**  
**P.O. Box 4900 18600 Woodinville Snohomish Rd NE, Ste 100**  
**Scottsdale, AZ 85261 Woodinville, WA 98072-8531**
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED;  
PROFESSIONAL SERVICES WERE FURNISHED; OR MATERIAL, OR  
EQUIPMENT WAS FURNISHED: **October 15, 2005**
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN  
IS CLAIMED IS: **\$77,318.00** PLUS INTEREST  
PLUS LIEN FEES  
PLUS COURT COST &  
ATTORNEY FEES
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE  
HERE: **Not Applicable**

DATED this 6th day of December, 2005.

*LienData USA, Inc.*  
AGENT FOR CLAIMANT  
P.O. Box 1120  
Bothell, WA 98041-1120

Bocchetti Contracting, Inc..  
CLAIMANT  
18133 S Steamer Ct  
Oregon City, OR 97045

STATE OF WASHINGTON )  
) ss.  
COUNTY OF KING )

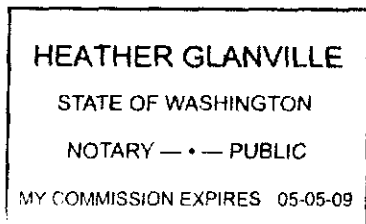
Judi Elsabee, being sworn, says:

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.

*Judi Elsabee*  
Judi Elsabee

SUBSCRIBED AND SWORN to before me this 6th day of December, 2005.

*Heather Glanville*  
**Heather Glanville**  
**NOTARY PUBLIC in and for the**  
**State of Washington**  
**Residing in Bothell**  
**MY COMMISSION EXPIRES 05/05/09**



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