



200601090149

Skagit County Auditor

1/9/2008 Page

1 of

2 3:14PM

Return Address:

Mount Vernon Carpet Center
PO Box 1166, 400 W. Fir St.
Mount Vernon, WA 98273

CLAIM OF LIEN

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) Ronald Nickson (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) Mt. Vernon Carpet Cntr. (2) _____ Add'l. on pg _____

Legal Description (abbreviated): Lot 8, William C. Moores addition to Mt. Vernon Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # 37430000080008

Mount Vernon Carpet Center

Claimant

vs.

Ronald Nickson

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: Mount Vernon Carpet Center - Tom Brown
TELEPHONE NUMBER: 360-336-6533 ADDRESS: PO Box 1166, 400 W. Fir St.
Mount Vernon, 98273
- 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: 8-24-2008
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Ronald Nickson
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
1510 S. 6th St. Mount Vernon, WA 98273
- NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Ronald Nickson
TELEPHONE NUMBER: 360-941-1994 ADDRESS: 1510 S. 6th St.
Mt. Vernon, WA 98273
- 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: 10-13-05



Skagit County Auditor

200601090149



MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER



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: 9-3-2009
Notary Public in and for the State of Washington

Print Name: Soren
Signature: [Handwritten Signature]
Notary Public
9-3-2009
STATE OF WASHINGTON
COMMISSION EXPIRES
DANIELLE SORENSEN
NOTARY

Signed and sworn to before me on this 10th day of 10/06

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

Tom Brown

County of }
SS.

STATE OF WASHINGTON

Claimant: Tom Brown - Mount Vernon Carpet Center
P.O. Box 1166
Address: Mount Vernon, WA 98273
Telephone Number: 360-366-6533

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

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