

PLEASE RECORD AND RETURN TO:

LienData USA, Agents For
P.O. Box 1643
Woodinville, WA 98072-1643
#03070935.001



200704020009
Skagit County Auditor

4/2/2007 Page 1 of 2 9:31AM

BALES RESTORATION INC,
CLAIMANT,
VS.
REGAL HOSPITALITY,
Person or Persons
Indebted to Claimant,

CLAIM OF LIEN

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:

Owner: Regal Hospitality LLC

1. **NAME OF LIEN CLAIMANT:** **Bales Restoration Inc.**
ADDRESS: **P.O. Box 9**
Kirkland, WA 98083
TELEPHONE NUMBER: **(425) 822-5041**

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:** **December 24, 2006**

3. **NAME OF PERSON INDEBTED TO CLAIMANT:**
Regal Hospitality
419 Commercial Ave
Anacortes, WA 98221

4. **DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:** **ANACORTES LTS 11 TO 13 BLK 24 TGW S1/2 OF VAC ALLEY ADJ**

Commonly Known As: Parcel #P55015
Majestic Inn
419 Commercial
Anacortes, Skagit County, Washington

UNRECORDED

5. NAME OF THE OWNER OR REPUTED OWNER:

**Regal Hospitality LLC
P O Box 5462
Grand Island, NE 68802**

**And: Regal Hospitality
419 Commercial Ave
Anacortes, WA 98221**

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: **January 2, 2007**

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN
IS CLAIMED IS: **\$7,046.54** PLUS INTEREST
PLUS LIEN FEES
PLUS COURT & ATTORNEY FEES

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE
HERE: **Not Applicable**

DATED this 29th day of March, 2007.

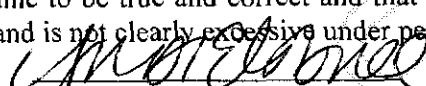
LienData USA
AGENT FOR CLAIMANT
P.O. Box 1643
Woodinville, WA 98072-1643

Bales Restoration Inc.
CLAIMANT
P.O. Box 9
Kirkland, WA 98083
(425) 822-5041

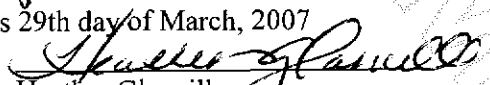
STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

Judi Elsbree, 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 Elsbree, Agent for Claimant

SUBSCRIBED AND SWORN to before me this 29th day of March, 2007


Heather Glanville
NOTARY PUBLIC In and for the
State of Washington, residing at Bothell
My Commission expires: 05/05/09

HEATHER GLANVILLE
STATE OF WASHINGTON
NOTARY — PUBLIC
MY COMMISSION EXPIRES 05-05-09



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