

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.  
P. O. BOX 148  
MARYSVILLE, WA 98270



200807280131  
Skagit County Auditor

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**CLAIM OF LIEN**

CANYON CREEK CABINET COMPANY  
Claimant.  
VS  
HANSELL MITZEL HOMES  
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: CANYON CREEK CABINET COMPANY  
TELEPHONE NUMBER: (360) 348-4600  
ADDRESS: 16726 TYE ST SE, MONROE, WA. 98272
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: MARCH 14, 2008
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: HANSELL MITZEL HOMES, 1111 CLEVELAND AVE, STE. 201, P.O. BOX 2523, MOUNT VERNON, WA. 98273
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: 23840 NOOKACHAMP HILLS DR, MOUNT VERNON, WA.  
LEGAL DESCRIPTION: LOT 114, NOOKACHAMP HILLS, A PLANNED UNIT DEVELOPMENT, PHASE IIB, AS RECORDED UNDER AUDITOR'S FILE NO. 200508230082, RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P123207
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):  
HANSELL MITZEL LLC, 1111 CLEVELAND ST, MOUNT VERNON, WA. 98273
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: MAY 7, 2008
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$8,950.85 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

N/A.

Stephanie Duffin  
For, CANYON CREEK CABINET COMPANY, Claimant  
16726 TYE ST SE  
MONROE, WA. 98272  
(360) 348-4600  
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

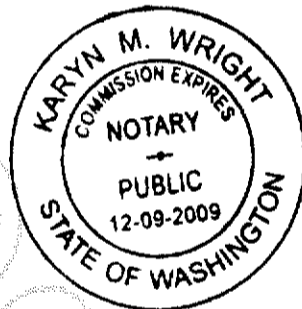
STEPHANIE DIETLIN, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Stephanie Dietlin

On this day personally appeared before me, STEPHANIE DIETLIN, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 24 day of July, 2008

Karyn M Wright  
PRINTED NAME: KARYN M WRIGHT  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: STANWOOD  
My commission expires: 12/9/2009



Order #08-071765, dated: 7/22/2008



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