



200901150031

Skagit County Auditor

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Return Address:
Western Concrete Pumping Inc
2015 E. Bakerview Road
Bellingham, WA 98226

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) Morris M. Wolfe (2) Sandra S. Wolfe Add'l. on pg _____

Grantee(s) (Claimants): (1) Western Concrete Pumping(2) Add'l. on pg _____

Legal Description (abbreviated): 22484 Grip Rd, Sedro Woolley, WA Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P35637

Western Concrete Pumping Inc

Claimant

vs.

Olympic Homes Northwest

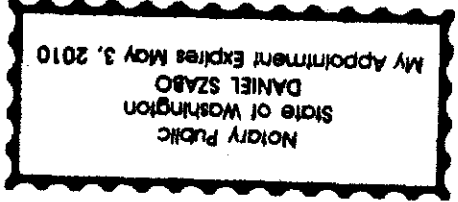
Name of person indebted to Claimant

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: Western Concrete Pumping Inc
 TELEPHONE NUMBER: 360-671-5757 ADDRESS: 2015 E. Bakerview Road
Bellingham, WA 98226
- 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: September 17, 2008
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Olympic Homes Northwest
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
22484 Grip Road, Sedro Woolley, WA 98284
Parcel #: P35637
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Morris & Sandra Wolfe
 TELEPHONE NUMBER: _____ ADDRESS: 22484 Grip Rd, Sedro Woolley, WA
- 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: November 21, 2008



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.



Print Name Daniel Szabo
 Notary Public in and for the State of Washington
 My appointment expires: May 3, 2010

[Signature]

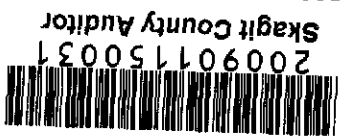
Date this 13th day of January 2009

Arvin Zoerink, 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.

STATE OF WASHINGTON
 County of Whatcom

SS.

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Claimant Arvin Zoerink
 Print or Type Name 2015 E. Bakerview Road
 Address Bellingham, WA 98226
 Telephone Number 360-671-5757

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 1,938.06
 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: