



200904240047
Skagit County Auditor

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.
P. O. BOX 3409
ARLINGTON, WA. 98223


CLAIM OF LIEN

N C MACHINERY CO
Claimant.
VS
EVERETT CONSTRUCTION
(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: N C MACHINERY CO
TELEPHONE NUMBER: (425) 251-6309
ADDRESS: P.O. BOX 3562, SEATTLE, WA. 98124
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: OCTOBER 29, 2008
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: EVERETT CONSTRUCTION, P.O. BOX 706, BURLINGTON, WA. 98233
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: BURLINGTON HILL CONDOS, 1125 BURLINGTON HEIGHTS, (1125-1057 BURLINGTON HEIGHTS & 1255 HILLCREST DR), BURLINGTON, WA.
LEGAL DESCRIPTION: LOTS 50 & 51, PLAT OF TINAS COMA, AS PER PLAT RECORDED AUGUST 11, 2000, UNDER AUDITOR'S FILE NO. 200008110004, RECORDS OF SKAGIT COUNTY, WASHINGTON. (TO BE BURLINGTON HILL CONDOS)
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P117085 & P117086
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
GRANDVIEWS BURLINGTON HILL LLC, P.O. BOX 159, ARLINGTON, WA. 98223
GRANDVIEW NORTH, INC, P.O. BOX 159, ARLINGTON, WA. 98223
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: APRIL 17, 2009
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$40,159.82 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

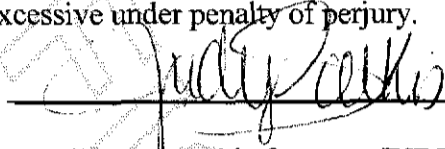
N/A.



For, N C MACHINERY CO, Claimant
P.O. BOX 3562
SEATTLE, WA. 98124
(425) 251-6309
(Phone Number, Address, City/State of Claimant)


STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

JUDY SARKIS, 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.

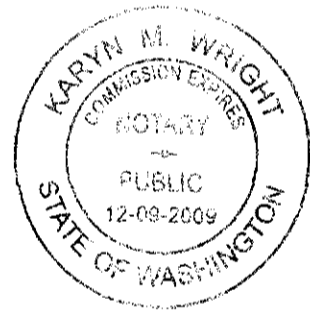


On this day personally appeared before me, JUDY SARKIS, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and 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 23 day of April, 2009



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



Order #09-041085, dated: 4/22/2009



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