

Return to: **SRV Construction, Inc.**
PO Box 481
Oak Harbor, WA 98277-0481



200909080036
Skagit County Auditor

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CLAIM OF LIEN

SRV CONSTRUCTION, INC., claimant, vs **GP ANACORTES, LLC** and **GILBANE DEVELOPMENT COMPANY** 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:

1. Name of Claimant: **SRV CONSTRUCTION, INC.**
Telephone Number: **(360) 675-7100**
Address: **PO Box 481, Oak Harbor, WA 98277-0481**
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: **September 18, 2007**
3. Name of Person Indebted to the Claimant:

GP ANACORTES, LLC. and GILBANE DEVELOPMENT COMPANY

4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property):

P1280911

Property Commonly Known as:

The Plat of San Juan Passage, #4974, including all lots labeled with numbers, all tracts labeled with letters and all roadways (public and private). Property is platted under recording AF#200811260099, and

includes lots P128091, P128092, P128093, P128094, P128095, P128096, P128097, P128098, P128099, P128100, P128101, P128102, P128103, P128104, P128105, P128106, P128107, P128108, P128109, P128110, P128111, P128112, P128113, P128114, P128115, P128116, P128117, P128118, P128119, P128120, P128121, P128122, P128123, P128124, P128125, P128126, P128127, P128128, P128129, P128130, P128131, P128132, and P128133.

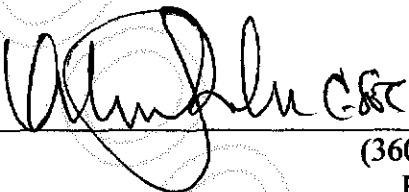
5. Name of the owner or reputed owner (If not known state unknown):

GP ANACORTES, LLC. and GILBANE DEVELOPMENT COMPANY

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: **August 4, 2009**

7. Principal amount for which the lien is claimed is: **\$ 75,000.00**

8. If the claimant is the assignee of this claim so state here: **N/A**


_____, Claimant
(360) 675-7100
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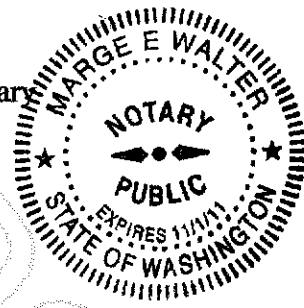
STATE OF WASHINGTON, COUNTY OF ISLAND, ss.

Krysta Verbarendse, 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 line is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Alvin John Cox, for SRV Construction, Inc.

Subscribed and sworn to before me this **2nd** day of **September, 2009**.

Marge E. Walter, Notary
Residing in Island County



Skagit County Auditors Office
County Administration Building, Room #201
700 South Second Street
Mount Vernon, WA 98273



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