



201006160042
Skagit County Auditor

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AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

EXPRESS CONCRETE PUMPING
Claimant.
VS
BRISKY BROTHERS
(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 Claimant: EXPRESS CONCRETE PUMPING
Telephone Number: (360) 563-9300
Address: P.O. BOX 2407, SNOHOMISH, WA. 98290

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 19, 2010

3. Name of person indebted to the Claimant: BRISKY BROTHERS, 17342 OLYMPIC PL, MOUNT VERNON, WA. 98274

4. Description of the property against which a lien is claimed:
Address: 17342 OLYMPIC PL, MOUNT VERNON, WA.
Legal Description: TRACT "B" OF SHORT PLAT NO. 6-86, AS APPROVED MAY 1, 1986 AND RECORDED MAY 2, 1986, IN VOLUME 7 OF SHORT PLATS, PAGES 86 AND 87, UNDER AUDITOR'S FILE NO. 8605020020, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF TRACT OF 8, "STOCKFLETH'S SKYRIDGE ASSESSOR'S PLAT, AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGE 42, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SKAGIT County Assessor's Tax Parcel No. P69754

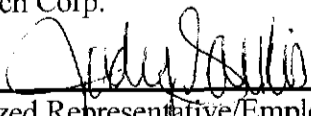
5. Name of owner or reputed owner (if not known state "unknown"):
DANNY & MARIANNE BRISKY, 17342 OLYMPIC PL, MOUNT VERNON, WA. 98274

6. The last date on which labor was performed, professional services were furnished; contributions to an employee benefit plan were due on material, or equipment was furnished: MARCH 19, 2010

7. Principal amount for which the lien is claimed: \$ 499.83, 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.

Lien Research Corp.

By: 
It's Authorized Representative/Employee,
As Authorized agent of EXPRESS CONCRETE PUMPING, Claimant
P.O. BOX 2407,
SNOHOMISH, WA. 98290
(360) 563-9300

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

JUDY SARKIS, being sworn, says: I am an authorized representative/employee of 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.

Judy Sarkis

Subscribed and sworn to before me this 11 day of June, 2010

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

KARYN M. WRIGHT
STATE OF WASHINGTON
NOTARY --- PUBLIC
My Commission Expires 12-28-2013

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

On this 11 day of June, 2010, before me personally appeared JUDY SARKIS, to me known to be the (president, vice president, secretary, treasurer, or other authorized officer or agent, as the case may be) of Lien Research Corp., a Washington corporation, that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation.

In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.

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

KARYN M. WRIGHT
STATE OF WASHINGTON
NOTARY --- PUBLIC
My Commission Expires 12-28-2013

Order #10-060403, dated: 6/9/2010



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