



Skagit County Auditor

\$75.00

9/25/2013 Page

1 of

4 11:05AM

After recording, return to (Name, Address, Zip):

Bay Point Inc.  
4131 Hannegan Road #102  
Bellingham WA 98226

CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): RHODO-DRONA LLC. c/o Randy's Pier 61  
Grantee (Claimant): Bay Point Inc.  
Abbreviated Legal Description: BLDG ONLY ON PORT R/P PS6524 3772-289-011-0006 209TAE  
Assessor's Property Tax Parcel or Account No: P120814  
Reference No(s) of Related Documents:

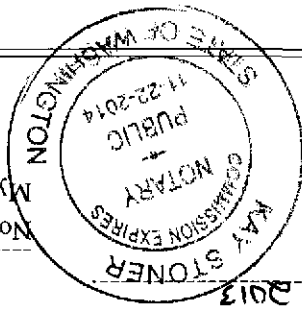
Bay Point Inc.  
dba Bay Point Plumbing, Heating & Cooling  
Claimant,  
vs.  
RHODO-DRONA LLC  
c/o Randy's Pier 61  
Name of person indebted to Claimant..

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: Bay Point Inc  
Telephone Number: 360-734-0970 Address: 4131 Hannegan Road #102  
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: 06/26/2013
- Name of person indebted to the Claimant: Randy's Pier 61
- Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 209 T Ave Anacortes WA 98221  
BLDG ONLY ON PORT R/P PS6524 3772-289-011-0006
- Name of the owner or reputed owner (If not known state "unknown"): Randy Barrett
- The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: 06/28/2013

(OVER)





Notary Public for Washington My appointment expires 11-22-2014

DATED September 25, 2013 such party for the uses and purposes mentioned in the instrument.

and acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument is the individual who appeared before me, and who

I certify that I know or have satisfactory evidence that Office Manager of Bay Point Inc. is the individual who appeared before me, and who

STATE OF WASHINGTON, County of Skagit (ss) Samantha Russell If the individual signing the Claim of Lien is making the Claim of Lien as an agent of another individual or as an agent on behalf of a business entity:

Notary Public for Washington My appointment expires DATED for the uses and purposes mentioned in the instrument.

acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act is/are the individual(s) who appeared before me, and who

I certify that I know or have satisfactory evidence that STATE OF WASHINGTON, County of If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:

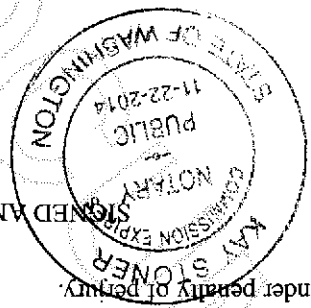
NOTE: Consider whether one of the following additional notarial certificates should be completed. See Williams v. Athletic Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2010).

Field, Inc., 155 Wn.App. 434, 228 P.3d 1297 (2010). If the individual signing the Claim of Lien is making the Claim of Lien on his or her own behalf:

excessive under penalty of perjury. I have read or heard the foregoing claim, read and know the contents thereof, and believe the same claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named.

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 claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named.

8. If the Claimant is the assignee of this claim so state here: 7. Principal amount for which the lien is claimed is: \$5443.84



CLAIMANT'S NAME (TYPED OR PRINTED) Bay Point Inc. CLAIMANT 4131 Hannegan Rd #102 Bellingham WA 98220 (360) 870-7347 PHONE STATE ZIP SHEET ADDRESS

STATE OF WASHINGTON, County of Skagit (ss) Samantha Russell 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 claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named.



# Statement



4131 Hannegan Road #102  
 Bellingham, WA 98226  
 360.734.0770 Office  
 360.734.4164 Fax

Date
9/25/13

To:
Randy's Pier 61 209 T Ave Anacortes WA 98221

		Amount Due	Amount Enc.
		\$5,443.84	
Date	Transaction	Amount	Balance
06/07/13	INV #R30677. Due 06/07/13. Orig. Amount \$855.99.	41.65	41.65
06/17/13	GENJRNL #SR.	25.00	66.65
06/28/13	INV #H30716. Due 06/28/13. Orig. Amount \$5,175.21.	5,175.21	5,241.86
07/15/13	GENJRNL #SR.	25.00	5,266.86
09/04/13	INV #FC 615. Due 09/04/13. Orig. Amount \$176.98. Late Fee	176.98	5,443.84
<b>CURRENT</b>			<b>Amount Due</b>
0.00			\$5,443.84
	<b>1-30 DAYS PAST DUE</b>		
	176.98		
	<b>31-60 DAYS PAST DUE</b>		
	0.00		
	<b>61-90 DAYS PAST DUE</b>		
	5,200.21		
	<b>OVER 90 DAYS PAST DUE</b>		
	66.65		

