05/13/2025 08:45 AM Pages: 1 of 2 Fees: \$304.50

Skagit County Auditor, WA

AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

HUNTWOOD INDUSTRIES Claimant

VS

TAYSO HOMES, LLC DBA: INSPIRE HOMES 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: HUNTWOOD INDUSTRIES

Telephone Number: (509) 924-5858

Address: 23800 E APPLEWAY AVE, LIBERTY LAKE, WA 99019

- 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: February 12,
 2025
- Name of the person indebted to the Claimant: TAYSO HOMES, LLC DBA: INSPIRE HOMES, 489 ANDIS RD, BURLINGTON, WA 98233
- 4. Description of the property against which a lien is claimed:

Address: ALBRECHT PROJECT, 17460 MALLARD COVE LN, MOUNT VERNON, WA Legal Description: LOT 75, PLAT OF CHEASTY'S BIG LAKE TRACTS, ACCORDING TO THE RECORDED PLAT THEREOF IN VOLUME 4 OF PLATS, PAGE 49, RECORDS OF SKAGIT COUNTY, WASHINGTON SKAGIT County Assessor's Tax Parcel No. P64473

- Name of owner(s) or reputed owner(s) (if not known, state "unknown"): TIMOTHY R & LAURIE L ALBRECHT, 17460 MALLARD COVE LN, MOUNT VERNON, WA 98274
- 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: February 12,
 2025
- Principal amount for which the lien is claimed: \$13,214.54, together with interest, penalties, sales tax, costs, and attorneys' fees, as well as other charges, that will have accrued and may continue to accrue.
- 8. If the Claimant is the assignee of this claim so state here: N/A.

Lien Research Corp.

Its Authorized Representative/Employee,

As Authorized agent of HUNTWOOD INDUSTRIES, Claimant

23800 E APPLEWAY AVE LIBERTY LAKE, WA 99019

(509) 924-5858

STATE OF WASHINGTON)
COUNTY OF SNOHOMISH)ss
)

DAKODA VANTOL, 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 forgoing 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.

Subscribed and sworn to before me this 12 day of May 2025.

PRINTED NAME: KARYN M WRIGHT NOTARY PUBLIC, In and for the State of Washington.

Residing in: ARLINGTON

My commission expires: 12/28/2025

STATE OF WASHINGTON)ss COUNTY OF SNOHOMISH

NOTARY PUBLIC STATE OF WASHINGTON KARYN M. WRIGHT

License Number 115005 My Commission Expires 12-28-2025

On this 12 day of May 2025, before me personally appeared DAKODA VANTOL, to me known to be the (president, vice president, secretary, treasurer, or other authorized office 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 of 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 hear first above written.

PRINTED NAME: KARYN M WRIGHT

NOTARY PUBLIC, In and for the State of Washington.

Residing in: ARLINGTON

My commission expires: 12/28/2025

Order # 25-050359, Dated 5/8/2025

NOTARY PUBLIC STATE OF WASHINGTON KARYN M. WRIGHT

License Number 115005 My Commission Expires 12-28-2025