LRC Fax Order F	orm, fax to	o (425) 252-2754			
	ı				
Date:			LRC Order #:		
Your Name: Your Company: Your Address:					
Type of Order: circle one	LI	EN FOR DUES		REI	LEASE OF LIEN
Address of Property to Lien					
Tax Parcel No.:					
Owner Name: Owner address:				<b></b>	<b>-</b>
- -			·		•
representative) "I hereby state an	d represe		d the forgoing claim,	that I hav	r claimant's authorized re read and know all of the ivolous, under penalty of
Authorized signat	<u>ture</u>			<u>Dated</u>	
end research date:		date mailed:	date emailed:		date billed: