State of Washington Before the Secretary, Department of Social and Health Services

RELEASE - PARTIAL RELEASE OF LIEN

Notice is hereby given that the D filed a lien with the County Audit Twenty-Fourth day of March, 1 90477 , bearing n	or of Skamania	County, Washingto bear	, State of Washington, on, on or about the ring recording number
Notice is hereby given that this li this release is effective only as to	en is released X in the following desc	in full, partially. cribed property:	If partially released,
In witness thereof, I B. Foley ment of the Department of Socia instrument for and on behalf of s		s, State of Washingt	
Dated at Tacoma	, Washington,	this Twenty-Second	day of August, 1990.
		Authorized Representative	
State of Washington		O	
County of Pierce On this day, the undersigned Not that B. Foley individual who executed the abouthat (s)he is authorized to execut	appear e instrument, and a	ed before me, (s)he	being known as the
In witness whereof I have hereun Twenty-Second day of August,		affixed my officials	eal on the
PO Box 1417, MS: N27-3 SK	T LED FOR REGORD (AMANGA CANYASH Y _ <i>DSH.</i> S	Notary Public, in and for the Sta My commission exp	
In reply, refer to D #: 156216 SE	P 4 2 38 PH '90 DEWRY AUDITOR GARY M. OLSON	Registered p ladical, film p ladical p Films: 9-4-91 Kailad	(1951 901822 111323
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