I, SALLY MAYGRA, being sworn, say: 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 to be true and correct and that the claim of lienis not frivolous and is made with reasonable cause, and is oft clearly excessive under penalty of perjury.

Suscribed and sworn to before me this 5 day offortobe Notary Public in and for the State of Washington, regiding at Vancouve

ELIZABETH A. STEFFY NOTARY PUBLIC STATE OF WASHINGTON CORPORATE ACKNOWLESTATE: OF WASHINGTON 55. COMMISSION EXPIRES County of Clark MARCH 1, 1996

I certify that I know or have satisfactory evidence that SALLY MAYGRA is the person who appeared before me, and said person acknowledged that the signed this instrument, on oath stated that _he was authorized to execute the instrument and acknowledged it as the AGERT of MATHER & SON PUMP SERV INC

at of such/party for the uses, and purposes mentioned in the instru e ALIZABETH A. STEFFY

Dated: October 05, 1992

NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES MARCH 1, 1996

Notary Jublic in and foff hy State of Washington My appointment expires:

*ff*arch 1, 1396