FILED FOR RECORD SKAMANIA CO. WASH BY Lin Research Corp.

Mer 18 1 04 PH '93

116267

CLAIM OF LIE

G. Source

G T S Drywall Supply Claimant.

GARY M. OLSUN

Dalton Drywall )
(Name of person indebted to claimant)

BOOK /35 PAGE 425

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 LIEN CLAIMANT: G T S Drywall Supply TELEPHONE NUMBER: 206-828-0608
  ADDRESS: 1524 Market St., Kirkland, Wa. 98033
- 2. 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 17, 1993
- 3. NAME OF PERSON INDIBTED TO THE CLAIMANT: Dalton Drywall, 7723 NE 14th St., Vancouver, Wa. 98664
- 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

ADDRESS: Josheka Dr., Mile Post 17, Carson, Wa.
LEGAL DESCRIPTION: A tract of land in the Northeast
quarter of Section 17, Township 3 North, Range 8 East, W.M.
described as follows; Beginning at a point 1156.7 feet East of the
Southwest quarter of the Northeast quarter of said Section 17;
Thence North 220 feet; Thence East 193.3 feet; Thence South 220
feet; Thence West 193.3 feet to the point of beginning.
Situate in the County of Skamania, State of Washington.
SKAMANIA CO. TAX PARCEL NO. 381711300

- 5. NAME OF GWNER OR REPUTED OWNER (if not known state "unknown"): Larry & Kelly Cummings, P.O.Box 601, Carson, Wa. 98610
- 6. THE LAST DATE ON WHICH LABOR WAS PERFORMED; PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENFFL? PLAN WERE DUE OR MATERIAL, OR EQUIPMENT WAS FURNISHED: February 17, 1993
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$1,305.75 and \$55.00 Lien Fee TOTAL: \$1,360.75 (Plus Interest)
- 8. IF THE CLAIMANT IS THE ASSIGNFY OF THIS CLAIM SO STATE HERE: n/a

legistered p legistered, Dir p Indirect p Filmed

## BOOK /35 PAGE 426

For G T S Drywall Supply, Claimant

1524 Market St. Kirkland, Wa. 98033 206-828-0608 (phone number, address, city/State of claimant)

STATE OF WASHINGTON )
COUNTY OF SNO': OMISH ) ss

David Elliot' being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent fo the trustee of an employee benefit plan) above named. I have read the foregoi g claim, read and 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 Tth day of May 199

of Snohomish, Wash. (Commission Express 19

order #040763 , c

dated: 4-30-93

Sinana

TANION.