FILED "OR RECORD 2 SKAMANIA GO, WASH BY Jerry Werner 3 4 1 GARY M. OLSON 6 7 merry Le librier F Claimant IJΩ. 1 CLAIM OF LIEN nonder avaint Name of person indebted to Claimant: 10 BOOK 149 PAGE 919 122325 71 Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support of 1.2 this lien the following information is submitted: 13 NAME OF I EN CLAIMANT: TE YOU ! WORDER TELEPHO JUMBER. (509) 420-734. 14 ADD'ESS. 1193.7/ Evergreen Ocive N. Bonneville 10 DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS 16 BECAME DECENDED 1941 17 NAME OF PERSON INDEBTED TO THE CLAIMANT: TELSKO SOLVEDO 18 DESCRIPTION OF THE PROPERTY AGAINST WHICH A LEAN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Hall Park of the second of the 243 The second of th NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Trisly 21 white of females were the second of the seco 22 THE EAST DATE ON WIRTH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED: CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS 23 FURNISHED: April 1995 24 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: # 3,7 80,000 25 IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE LERE: 26 SYNTIZ

2-3-28-1-203

Telephone Number

Claimant

no Number

Typg Name

indirect

Washington Logal Blank, Inc., Issaquah, WA. Form No. 90—6/92 MATERIAL MAY NOT BI. REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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BOOK /49 PAGE 920

STATE OF WASHINGTON, COUNTY OF

, being sworn, says: 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 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

PEGGY B. LOWRY STATE OF WASHINGTON HOTARY ---- PUBLIC

a Commissian Exames 1-19-2

day of New . 1995.

Degy B Zinory

Notary Public in and for the State of Washington

My appointment expires: 2/23/96

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (60) DAYS AFIER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.