2		BOOK 154	PAGE 42/
3		F S.K B)	AMANA CO. WASH
5 6 7		Dec	21 1 06 PH '95  PRODUCT  AUDITOR  RY M. OLSON
8 Tualetin VAL	ley Builder's Supply		
9 O'Sheas Wood Name of p	Claimant vs. working person indebted to Claimant:	CLAIM OF LIEN	
Notice is hereby this lien the following	given that the person named belowinformation is submitted:	/ w claims a lien pursuant to chapter 64	l.04 RCW. In support of
1. NAME OF LIEN C		ey Builder's Supply Inc	
2. DATE ON WHICH SUPPLY MATERI	TOUR OF ATMANSM DES	ERFORM LABOR, PROVIDE PROFE TE ON WHICH EMPLOYEE BENEI	SSIONAL SERVICES,
3. NAME OF PERSON	NINDEBTED TO THE CLAIMANT:	O'Shees Wood	b. "Wall
other information the	THE PROPERTY AGAINST WHIC	O'Sheas Woodworking H A LIEN IS CLAIMED (street addresserty): 16161 Washougal	The same of the sa
other information the	THE PROPERTY AGAINST WHICh the will reasonably describe the property to the property of the pr	HA LIEN IS CLAIMED (street address	ss, legal description or River Road,
5. NAME OF THE OW Lenore Ta  6. THE LAST DATE OF CONTRIBUTIONS 1 UKNISHED:	THE PROPERTY AGAINST WHICh at will reasonably describe the property of the pro	THA LIEN IS CLAIMED (street addreporty): 16161 Washouga 1 151301  known state "unknown"): Hilton  RMED PROFESSIONAL SERVICES AN WERE DUE; OR MATERIAL, OF	ss, logal description or River Road,  W Taylor:  WERE FURNISHED;  R EQUIPMENT WAS
5. NAME OF THE OW Lenore Ta  6. THE LAST DATE CONTRIBUTIONS FURNISHED:  7. PRINCIPAL AMOUNTS Charges through	THE PROPERTY AGAINST WHICh at will reasonably describe the property of the pro	THA LIEN IS CLAIMED (street addresser): 16161 Washouge 1 151301  known state "unknown"): Hilton  RMED PROFESSIONAL SERVICES AN WERE DUE; OR MATERIAL, OF	ss, logal description or River Road,  W Taylor:  WERE FURNISHED;  R EQUIPMENT WAS
5. NAME OF THE OW Lenore Ta  6. THE LAST DATE CONTRIBUTIONS FURNISHED:  7. PRINCIPAL AMOUNTS Charges through	THE PROPERTY AGAINST WHICH hat will reasonably describe the property of the pr	HA LIEN IS CLAIMED (street addreperty): 16161 Washouge 1151301  known state "unknown"): Hilton  RMED PROFESSIONAL SERVICES AN WERE DUE; OR MATERIAL, OR  MED IS: \$3,286.89, which is costate, here	ss, logal description or River Road,  W Taylor:  WERE FURNISHED;  R EQUIPMENT WAS
5. NAME OF THE OW Lenore Ta  6. THE LAST DATE CONTRIBUTIONS FURNISHED:  7. PRINCIPAL AMOUNTS Charges through	THE PROPERTY AGAINST WHICH hat will reasonably describe the property of the pr	HA LIEN IS CLAIMED (street addresserty): 16161 Washouge 1 151301  knewn state "unknown"): Hilton  RMED PROFESSIONAL SERVICES AN WERE DUE; OR MATERIAL, OF  MED IS: \$3, 286, 89, which are conding fees.  ISO STATE HERE  ISO STATE HERE  Tree of Type Name  FO Box 1132	ss, legal description or River Road, W Taylor; WERE FURNISHED; R EQUIPMENT WAS
5. NAME OF THE OW Lenore Ta  6. THE LAST DATE CONTRIBUTIONS FURNISHED:  7. PRINCIPAL AMOUNTS Charges through	THE PROPERTY AGAINST WHICH and will reasonably describe the property of the pr	HA LIEN IS CLAIMED (street addresporty): 16161 Washougal 151301  known state "unknown"): Hilton  RMED PROFESSIONAL SERVICES AN WERE DUE; OR MATERIAL, OF  MED IS: \$3,286.89, which is a recording face.  ISO STATE HERE.	ss, legal description or River Road,  W Taylor: WERE FURNISHED; R EQUIPMENT WAS

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STATE OF WASHINGTON, COUNTY OF Clackanas

have read or heard the foregoing claim, read and known correct and that the claim of lien is not frivolous and	, being sworn, says: I am the claimant (or ettorney of the of the trustees of an employee benefit plan) above named; I ow the contents thereof, and believe the same to be true and is made with reasonable cause, and is not clearly excessive
under penalty of perjury.  Subscribed and sworn to before me this	Eday of December, 1995.
W. W.	Pegg A Baten



Notary Public in and for the State of Oregon

My appointment expires: Nou 21/1977

NOTE: THE CLAIM OI'LIEN MUST BE FILED FOR RECORDING IN THE COUNT! WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER 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 "AY BE PROVIDED BY LAW.

## Unpaid Invoices:

	THE REPORT OF THE PARTY OF THE PARTY OF		A STATE OF THE STA
09/	26/95	070949876	1987.40
09/	/28/95	070952407	161.28
10/	<b>/05/95</b>	070964637	151.29
10/	06/95	070956374	616.81
10/	09/95	070970419	70.89
10/	12/95	070976195	1.87.64
10/	24/95	070996390	55.12