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BOOK 171 PAGE 973

Return Address:

Total Energy Concepts Inc
PO Box 1148
Sherwood, OR 97140

FILE FOR RECORD
SKAM, N. CO. WASH
BY Total Energy Concepts

DEC 26 2 36 PM '97

G. Lawry
AUDITOR
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Claim of Lien
- 2.
- 3.
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Profit Cam
- 2.
- 3.
- 4.

[] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Total Energy Concepts, Inc.
- 2.
- 3.
- 4.

[] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

[] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

SEARCHED ✓
INDEXED ✓
SERIALIZED ✓
FILED ✓

[] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

- [] Property Tax Parcel ID is not yet assigned. 2-7-16-200
- [] Additional parcel #'s on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

CLAIM OF LIEN

TOTAL ENERGY CONCEPTS, INC.

an Oregon corporation, claimant

vs.

PRIFIL CAM

Name of person indebted to claimant:

Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Total Energy Concepts, Inc.
TELEPHONE NUMBER: (360) 571-7002
ADDRESS: 6000 NE 88th Street, Bldg. D, Suite 101, Vancouver, WA 98665-0958
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: October 6, 1997
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Prifil Cam
12800 Howell Prairie Rd. NE
Gervais, OR 97026
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (Street address, legal description or other information that will reasonably describe the property):
North Bonneville Hot Springs Resort
1252 Cascade Drive
North Bonneville, Washington 98539
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):
Bonneville Hot Springs
(Address unknown)
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED; PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED:
Claimant continues to perform at the site
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1,000,000.00
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A

Total Energy Concepts Inc.
Claimant

By Selma Lower Secretary
Selma Lower, Secretary/Treasurer

PO Box 1148
Sherwood, OR 97140
Phone No. (503) 612-0638

