			FILED SKALL Building M	ooko Pash
			FEB 9 4 20 F	ateria 199
Return Address BUILDING MATERIAL INFORMATION BUREAU 11815 NE Highway 99, Suite A VANCOUVER, WA 98686	J, INC		AUDITORI GARY M. OLS	#
MATHER & SON PUMP SERV INC				
-Claimant-	3			
DENISE BAKER	) )	CLAIM O 270796	F LIEN	
	) ) )			
transle exist in the contract of the first of the contract of	)			
NOTICE IS HEREBY GIVEN THAT THE PERSON NACHAPTER 60.04 RCW In support to this lien, the following information is submit NAME OF LIEN CLAIMANT: MATHER & SON PUM TELEPHONE NUMBER: (360)256-1310 ADDRESS: 12307 NE 95 STREET,	tied: P SERV INC		PURSUART TO	•
DATE ON WHICH THE CLAIMANT BEGAN TO PER SUPPLY MATERIAL OR EQUIPMENT OR THE DATE BECAME DUE:	CONSTRUCTION OF		ESSIONAL SERVI SFIT CONTRIBUTI	CES, ONS
November 05, 1998  NAME OF PERSON INDEBTED TO THE CLAIMANT: DESCRIPTION OF THE PROPERTY AGAINST WHICH 89.1 MARRIN DIDDIER WASHOUGAL WA in SKAMANIA County, Washington. PARCEL 01-05-97-0-0-0702-00, TAX LOT 0702 IN SECTOWNSHIP 1 NORTH, RANGE 5 EAST OF THE WILLAMORE FULLY DESCRIBED IN SKAMANIA COUNTY OF PLATS PAGE 938, ACCORDING TO THE RECORDS OF AND BEING IN SECTION OF THE RECORDS OF THE PROPERTY OF THE PROPERTY OF THE RECORDS OF THE PROPERTY OF	I A LIEN IS CLAI TION 7, AMETTE MERIDI RECORDERS VO	MED; AN, LUME 156	1	
NAME OF THE OWNER OR REPUTED OWNER DENISE BAKER	- County	y, washington.	"	
THE LAST DATE ON WHICH LABOR WAS PERFORM CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLANFURNISHED:	ED, PROFESSION WERE DUE, OR	IAL SERVICE MATERIAL C	S WERE FURNISH OR EQUIPMENT W	ED, AS
January 08, 1999				
PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIP lus lien costs in the amount of	MED IS (\$	1506.00 150.00	)	
	for a total of: \$	1656.00	Dim cre. on	w4
ONE THOUSAND SIX HUNDRED FIFTY-SIX & 00/100-		DOLLARS	worked in	Lange Contraction of the Contrac
PLUS interest and attorney's fees			And The ?	<del>L</del> a
IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM	I SO STATE HER	E:	See Antiques of the see of the se	
STATE OF WARIUNGTON	nt-			

County of Clark

I, WANDA FULL BRIGHT, 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 lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Suscribed and sworn to before me this 8 day of February, 1999.

Notary Public in and for the State of Was

STATE OF WASHINGTON Crunty of Clark

88. (CORPORATE ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that WANDA FULLBRIGHT is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the LIMITED AGENT of MATHER & SON PUMP SERV INC to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Notary Public in and for the State of Washington My appointment expires: March 1, 2000

Dated: February 08, 1999

ELIZABETH A. STEFFY NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES MARCH 1, 2000