				inger ice
	•			Bureau
			· · · · · · · · · · · · · · · · · · ·	ower.
Return Address BUILDING MATERIAL I 11815 NE Highway 99, Sui VANCOUVER, WA 98686	te A	u, inc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OLSON
H & S SPRAY CONTRACT)	CV ATT COTT TIME	
VS KENNETH &/OR SALLY V	VOODS))	CLAIM OF LIEN 298654	
) }		
		j		
NOTICE IS HEREBY GIVE CHAPTER 60.04 RCW In support to this lien, the fol NAME OF LIEN CLAIMAN TELEPHONE NUMBER: ADDRESS:	lowing information is subm T: H & S SPRAY CONTR (503)650-1163 PO BOX 1164, OREGO	itted: ACTORS DN CITY OR 97045	.0	
DATE ON WHICH THE CL. SUPPLY MATER/AL OR EC BECAME DUE: October 06, 1999	AIMANT BEGAN TO PER QUIPMENT OR THE DAT	RFORM LABOR, PROV E ON WHICH EMPLO	/IDE PROFESSIONAL YEE BENEFIT CONTI	SERVICES, RIBUTIONS
NAME OF PERSON INDEB'DESCRIPTION OF THE PROSS SW MONDA RD STEVEN IN SKAMANIA COUNTY, Wash PARCEL 02-07-01-2-0-0502-TOWNSHIP 2 NORTH, RANK MORE FULLY DESCRIBED SKAMANIA COUNTY AUD ACCORDING TO THE RECO	OPERTY AGAINST WHICH NOON WA ington, 00,TAX LOT 502 IN SECTOR 7 EAST OF THE WILL VOLUME 84 OF PLATS 10TOR'S FILE # 1985 ORDS OF AND BEING IN	H A LIEN IS CLAIME FION 12, AMETTE MERIDIAN PAGE 365,IN	D: FAP CLOTHE PAPER LINE TO THE PAPER LINE THE PAPER LINE TO THE P	
NAME OF THE OWNER OR KENNETH &/OR SALLY W	CODS			
THE LAST DATE ON WHIC CONTRIBUTIONS TO AN E FURNISHED:	H LABOR WAS PERFORI MPLOYEE BENEFIT PLA	MED. PROFESSIONAL N WERE DUE, OR MA	. SERVICES WERE FU ATERIAL OR EQUIPM	IRNISHED, ENT WAS
October 21, 1999		P 1		
PRINCIPAL AMOUNT FOR Plus lien costs in the amount of	which the Lifn is CLA f	AIMED IS (\$ 58 \$ 25		
		for a total of: \$ 60	73.64	
SIX THOUSAND SEVENTY-	THREE & 64/100	onennament DC	DLLARS	
PLUS interest and attorney's fe	es			
F THE CLAIMANT IS THE	Assignee of this clai	M so state here:		
			'A	
TATE OF WASHINGTON County of Clark			-Claimánt-	
WANDA FULLBRIGHT, be	ing sworn, say: I am the cla	imant (or attorney of it.	e claimant, or administra	ıta#
epresentative or agent of the tre laim, read and know the conter ot frivolous and is made with r	ustees of an employee bene ints thereof, and believe the	fit plan) above named; I	have read or heard the	ж -
		1 1 1	U MAI A	J)

Suscribed and sworn to before me this 13 day of January, 2000.

Notary Public in and for the State of

STATE OF WASHINGTON County of Clark

ss. (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 LIM. TEL AGENT of H & S SPRAY CONTRACTORS 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: January 13, 2000

NOTARY PUBLIC
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
MARCH 1, 2000