

FILED
SPRINGFIELD
Julie - NACM
APR 4 2000 AM '00
U.S. POSTAL SERVICE
GAMBLE, S. & G.

Return Address:
Kathryn D. Grimm
NACM - Oregon, Inc.
7931 NE Halsey, Suite 200
Portland Oregon 97213

CLAIM OF LIEN

InsulPro Portland Ltd.
Claimant
9525 SW Commerce Cir
Wilsonville, Oregon 97070
Claimant's Address
(503) 582-9292
Claimant's Phone

vs. Joseph L. Gamble and Sandra J. Gamble
Owners
152 Lake Shore Drive
Skamania, Washington 98648
Owner's Address
phone not available
Owner's Phone

Re: Chevron Station, 51 W Cascade Drive, Skamania, Washington
Parcel Number: 02 07 20 13 0800 00

NOTICE IS HEREBY GIVEN that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted.

THE NAME OF THE LIEN CLAIMANT is InsulPro Portland Ltd., whose address is 9525 SW Commerce Cir, Wilsonville, Oregon 97070, (503) 582-9292.

THE DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM labor, provide professional services, supply material or equipment which became due is January 6, 2000.

THE NAME OF THE PERSON INDEBTED TO THE CLAIMANT is Pacific Northwest Services, Inc., PO Box 1579, Longview, Washington 98632, (360) 425-6955.

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

LOT C-38, PLAT OF RELOCATED NORTH BONNEVILLE - CBD, SHEET 9 AND 10 SHEETS,
RECORDED IN BOOK "B" OF PLATS, PAGE 15 UNDER SKAMANIA COUNTY FILE NO. 83466,
ALSO RECORDED IN BOOK "B" OF PLATS, PAGE 31, UNDER SKAMANIA COUNTY FILE NO 84429,
IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

THE NAME OF THE OWNER or reputed owner of the property is Joseph L. Gamble and Sandra J. Gamble, 152 Lake Shore Drive, Skamania, Washington 98648, phone not available.

THE NAME OF THE OWNER or reputed owner of the improvements is Joseph L. and Sandra J. Gamble, 51 W Cascade Drive, N. Bonneville, Washington, phone not available.

THE LAST DATE ON WHICH labor was performed; professional services were furnished; or material or equipment was furnished was January 10, 2000.

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS ITEMIZED AS FOLLOWS:

Labor, materials & equipment	\$ 5,718.87
Recording fees	\$ 9.00
Subtotal	\$ 5,727.87
Payments (all credits and offsets)	\$ 0
TOTAL DUE CLAIMANT	\$ 5,727.87

Enclosed	✓
Indorsed	✓
Accepted	✓
Timed	✓
Noticed	✓
Noticed	✓

**IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM,
SO STATE HERE:**

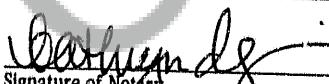
The claimant is not the assignee of this claim.

InsulPro Portland Ltd.
(CLAIMANT)
(503) 582-9292
(PHONE NUMBER)
9525 SW Commerce Cir
(ADDRESS)
Wilsonville, Oregon 97070
(CITY) (STATE) (ZIP)

STATE OF Oregon COUNTY OF Multnomah, ss.
FRANK N. BECKER 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.


Frank N. Becker, Credit Manager

Subscribed and sworn to before me this 29 day of March 2000.


Signature of Notary

KATHRYN D. GRIMM
Notary's Name Printed

Notary Public for the State of Oregon

My commission expires: 2-9-2004

