	SKAR Bldg Material
	APR 27 2 57 11 100 Paran
Refere Addres BUILDING MATERIAL INFORMATION BUREAU, INC 11815 NE Highway 99, Suite A VANCOUVER, WA 98686	GARY I. OLSON
RIVER CITY ENTERPRISES INC	
-Claimant- ys JOSEPH &/OR SANDRA CAMBLE	CLAIM OF LIEN 305942
NOTICE IS HEREEY GIVEN THAT THE PERSON NAMED BELOW CLACHAPTER 60.04 RCW In support to this lien, the following information is submitted: NAME OF LIEN CLAIMANT: RIVER CITY ENTERPRISES INC TELEPHONE NUMBER: (360)254-1515 ADDRESS: (360)254-1515	
DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PRO SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPI BECAME DUE:	
January 12, 2000	
NAME OF PERSON INDEBTED TO THE CLAIMANT: PACIFIC NORTH DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIM CHEVRON STATION-51 W CASCADE DR N BONNEVILLE WA IN SKAMANIA COUNTY, Washington. PARCEL 02072013-0800, LOT C38, REPLAT OF N BONNEVILLE, ASCORDING TO THE PLAT THEREOF, AS RECORDED IN VOLUME 118 PLATS PAGE 115 ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA COUNTY	Buy creens
JOSEPH &/OR SANDRA GAMBLE	A State And process bearing a visite
THE LAST DATE ON WHICH LABOR WAS PERFORMED, PROFESSIONA CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE, OR N FURNISHED:	L SERVICES WERE FURNISHED, MATERIAL OR EQUIPMENT WAS
February 15, 2000	
	9500.00) 259.00
for a total oi; \$ 9	750.00
NINE THOUSAND SEVEN HUNDRED FIFTY & 00/100	DOLLARS
PLUS intercat and attorney's fees	
IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:	

STATE OF WASHINGTON

I, WANDA FULLBRIGHT, being sworn, say: I am the claimant (or at orney 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 26 day of april,2000.

Notery Public in and for to State of Washington, residing at Vancouvery and County

-U'aimant-

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 LIMITED AGENT of RIVER CITY ENTERPRISES 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: April 26, 2000

