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J. MICHAEL WILSON

Return Address:

ABC SUPPLY CO. INC.

1835 NE COLUMBIA BV.

PORLAND, OR. 97211

CLAIM OF LIEN

Indexing Information required by the Washington State Auditor's/Recorder's Office, (RCW 36.10 and RCW 65.04) 1/97 (please print last name first)
Reference # (If applicable): _____
Grantor(s) (Owner): (1) LEONARD & LAURA DAMIAN (2) _____ Add'l. on pg. _____
Grantee(s) (Claimants): (1) ABC SUPPLY CO. INC. (2) _____ Add'l. on pg. _____
Legal Description (abbreviated): LOT 3, L-HOMMEDIEU SHORT PLAT 3-315 Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # 03072520012200

ABC SUPPLY CO. INC.

Claimant

LEONARD & LAURA DANTAN vs.

OWNER IS

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:

1. NAME OF LIEN CLAIMANT: ABC SUPPLY CO. INC.
 TELEPHONE NUMBER: 503-286-1166 ADDRESS: 1835 NE COLUMBIA BV.
PORLTAND, OR 97211

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: 11/26/02

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: RAIN MASTER ROOFING CO.

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal
 description or other information that will reasonably describe the property):
2191 LOOP RD. STEVENSON, WA
LOT 3, L-HOMMEDIEU SHORT PLAT 3-315, SKAMANIA COUNTY
LEONARD & LAURA DAMIAN

5. NAME OF THE OWNER OR REPUTED OWNER (If not known, state "unknown");
 TELEPHONE NUMBER: _____ ADDRESS: _____

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: 11/26/02



7. Claims of Union

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$2878.128. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: ABC SUPPLY CO. INC.

Jenny Payne
 Claimant Jenny Payne
 Print or Type Name 1835 NE COLUMBIA BV.
 Address PORTLAND, OR. 97211

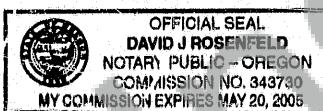
503-286-1166

Telephone Number

STATE OF OREGON
 COUNTY OF MULTNOMAH

ss.

Jenny Payne 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.

Jenny PayneSigned and sworn to before me on this 7th day of February, 2003.

David J. Rosenfeld
 Print Name DAVID J. ROSENFELD
 Notary Public in and for the State of Oregon
 My appointment expires: 5/20/2005

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COURT WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Claim of Lien

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