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BOOK 245 PAGE 959

FILED FOR RECORD  
SKAMANIA COUNTY WASH  
BY Lien Research

JUL 10 3 42 PM '03

*P. Lawry*  
J. MICHAEL CARVISON

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.  
P. O. BOX 148  
MAKYSVILLE, WA 98270

**CLAIM OF LIEN**

MUTUAL MATERIALS COMPANY

Claimant.

VS

FARR MASONRY

(Name of person indebted to claimant)

FILED  
RECORDED  
INDEXED  
JUL 10 2003  
CLERK OF COURT  
SKAMANIA COUNTY  
WASHINGTON

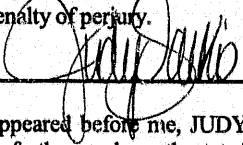
NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: MUTUAL MATERIALS COMPANY  
TELEPHONE NUMBER: (425) 455-2869  
ADDRESS: P.O. BOX 2009, BELLEVUE, WA. 98009-2009
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: APRIL 1, 2003
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: FARR MASONRY, 26310 NE 45TH AVE, RIDGEFIELD, WA. 98642
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: NORTON RETAIL, SPACE C27, HWY 14 & CASCADE DR, NORTH BONNEVILLE, WA.  
LEGAL DESCRIPTION: LOT C-27, OF RE-LOCATED NORTH BONNEVILLE, RECORDS OF SKAMANIA COUNTY, WASHINGTON.  
SKAMANIA COUNTY ASSESSOR'S TAX PARCEL NO. 02-07-20-1-3-4400-00
5. NAME OF OWNER OR REPUTED OWNER (if not known, state "unknown"):  
JIM & LISA NORTON, P.O. BOX 403, NORTH BONNEVILLE, WA. 98639
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: APRIL 23, 2003
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$10,061.66, PLUS \$150.00 LIEN FEES, (TOTAL \$10,211.66), PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

*[Signature]*  
For, MUTUAL MATERIALS COMPANY, Claimant  
P.O. BOX 2009  
BELLEVUE, WA. 98009-2009  
(425) 455-2869  
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON )  
 ) ss  
 COUNTY OF SNOHOMISH )

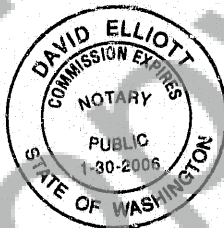
JUDY SARKIS, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

  
 On this day personally appeared before me, JUDY SARKIS, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 7 day of July, 2003



PRINTED NAME: DAVID ELLIOTT  
 NOTARY PUBLIC  
 in and for the State of Washington.  
 Residing in: EVERETT  
 My commission expires: 1/30/06



Order #061682, dated: 6/26/03