FILED FOR RECORD SKAHANIA CO. WASH BY Steven A. Nillie Jan 12 | 51 PH '95 P. Johnson AUDITOR GARY M. OLSON

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Kathleen Akers

Tualatin Valley Builder's Supply Inc.

Claimant

O'Sheas Woodworking

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Name of person indebted to Claimant:

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CLAIM OF LIEN

	Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support of
thi	s lien the following information is submitted:
1.	NAME OF LIEN CLAIMANT: Tualatin Valley Builder's Supply Inc.
	TELEPHONE NUMBER: 503-697-3763
	ADDRESS: PO Box 1138, Lake Oswego, Or 97035
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: September 14, 1994
3.	NAME OF PERSON INDEBTED TO THE CLAIMANT: 0 Sheas Woodworking
4.	DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): MP 0.82L Riverside Drive, Washougal Tax Lot \$1-5-11-2-402

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: November 4, 1994

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$3,858.47, which includes finance charges through December 25, 1994 and recording fees. ///

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HER

NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):__

Steven A. Hillier- Treasurer

Print or Type Name PO Box 1138

Address Lake Oswego, Or 97035

503-697-3763 Telephone Number

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Washington Legal Blank, Inc., Issagush, WA Form No. 90 4/92 MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

STATE OF WASPINGTON, COUNTY OF Clackamas

s. .

Sign A-William, 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; 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.				
Subscribed and sworn to before me this	10	day of January	, 1995	
OFFICIAL SEAL PEGGY A. BATEMAN NOTARY PUBLIC - OREGON COMMISSION NO. 028708 MY COMMISSION EXPIRES NOV. 21, 1907		Peggy A Bolers Notary Public in and for the State of O My appointment expires: NOO21	(2890)	

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY 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.

Unpaid Invoices:

11/03/94 070439316 351.20 11/04/94 070440399 381.54 10/20/94 070417761 2011.64 11/02/94 070436984 1019.86