SKAMANIA CO. WASH BY Danny L. Barrett 3 MAR 14 | 55 PH '95 Polikusan 5 AUDITOR 121828 GARY M. OLSON Û BOOK 148 PAGE 704 7 Paradise Log Homes 8 Howard J. 4 Lovetta E. Kuhnle 9 CLAIM OF LIEN Name of person indebted to Claimant: 10 11 Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support of 12 this lien the following information is submitted: 1. NAME OF LIEN CLAIMANT: Paradise Log Homes
TELEPHONE NUMBER: 503-261-6561 - 503-632-63
ADDRESS: PO Box 427 Beuver Cr Oregin 97004 13 - 503-632-6875 14 15 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 16 BECAME DUE: Jan 1994 17 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Howard J, & Loretta E. Kuhn Le PO Boy 431 Washougal, Wa. 98671

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or 18 other information that will reasonably describe the property): Tay Payer # 17720

Lot 3. By ex side Es TaTe BK B. PG 449 45

Revise Tax - 25 - 29 : 3 - 20 600 BK pkg 116/691 13 20 5. NAME THE OWNER OR REPUTED OWNER (If not known state "unknown"): Howard J. 4 Lovetta 21 22 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 23 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 13, 408 plus processing 24 PRINCIPAL ABROCKS TON

Fees

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: 125

Paradise Leg Hones Dany & Barnett

Claimant

Danny & Barnett

Print or Typo Name

24464 S. Barlow Rel

Address 25 26 27 28 Address Canby, Ore 97013 29 30 503-266 6561 ndeced, Dir Telephone Number 31 -ndirect Filmed Washington Legal Blank, Inc., Issaquah, WA Form No. 90 W92 MATERÍAL MÁY NOT BE REPRODUCEE IN WHOLE OR IN PART IN ANY FORM WHATSOEVER Mailed

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BOOK 148 PAGE 705

STATE OF WASHINGTON, COUNTY OF	}	
Skamania 55.)	
claimant, or administrator, representate have read or heard the foregoing claim, correct and that the claim of lien is not	ne // , being swor	n Bays: I am the claimant (or attorney of the f an employee benefit plan) above named; I thereof, and believe the same to be true and easonable cause, and is not clearly excessive
under penalty of perjury.	11158	· March 1995
Subscribed and sworn to before me this	any 1. Barris So	ay of March 1995. Talind M. Dewis sa lind M. Dewis sa lind M. Dewis
OS LIND A	Notary Pub	lic in and for the State of Potstand
S WALLS OF	My appoin	tment expires: 6-3-96
WASHING ON LIEM MIS	r ne filed for record	NG IN THE COUNTY WHERE THE REAL AFTER THE CLAIMANT HAS CEASED TO
PROPERTY IS LOCATED NO LATER	IMAM MINIST (30) DATE	AFTER THE CLAIMANT HAS CEASED TO OR EQUIPMENT OR THE LAST DATE ON DUE, IN ADDITION TO ANY NOTICE
REQUIREMENTS THAT MAY BE PR	OVIDED BY LAW.	• 1