新

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF SUPPORT ENFORCEMENT (OSE)

FILED FOR BECORD SKAMANIA CO. WASH BY \_\_\_ DSHS\_\_\_\_

JAN 22 2 40 PM 196

CLOWNY

AUDITOR

GARY II. OLSON

## NOTICE AND STATEMENT OF LIEN

(RCW 74.20A)

Authorized Representative
OFFICE OF SUPPORT ENFORCEMENT

State of Washington

County of Clark

I certify that # JISSE White individual who signed the above.

\_ appeared before me and is known to me as the

Date: 1.11.-91

Notary P. S.

My appointment expires \_\_\_\_

7-1-99

Direct questions to:
OFFICE OF SUPPORT ENFORCEMENT
5411 B MILL PLAIN BLDG 3
P O BOX 4269
VANCOUVER WA 98662-0269
(360) 696-6391

In reply, refer to:

Case #: 1117203

NOTICE AND STATEMENT OF LIEN OSHS 09-282 (Rev. 12:93) WASHING WASHING

Indexed, Cir /

(FG REL:09/95) (9893:980116:011629)/ 1117203