

134215

BOOK 186 PAGE 399

FILED FOR RECORD  
SKAMANIA CO. WASH.  
BY Building Material  
Info Bureau  
Feb 9 4 10 PM '99  
O. Lowry  
AUDITOR  
GARY M. OLSON

**Return Address**

**BUILDING MATERIAL INFORMATION BUREAU, INC**  
11815 NE Highway 99, Suite A  
VANCOUVER, WA 98686

CANNON COMMUNICATION

-Claimant-

vs

SKAMANIA COUNTY

COLUMBIA CASCADE HOUSING CORP  
LEACO

CLAIM OF LIEN  
270566

NOTICE IS HEREBY GIVEN THAT THE PERSON NAMED BELOW CLAIMS A LIEN PURSUANT TO  
CHAPTER 60.04 RCW

In support to this lien, the following information is submitted:

NAME OF LIEN CLAIMANT: CANNON COMMUNICATION

TELEPHONE NUMBER: (503)232-0866

ADDRESS: 3525 SE 17 AV, PORTLAND OR 97202

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:

June 25, 1998

NAME OF PERSON INDEBTED TO THE CLAIMANT: LEACO

DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

986 SW ROCK CREEK DR STEVENSON WA  
in SKAMANIA County, Washington.

PARCEL 020701 1300, ROCK CREEK ASSISTED LIVING FACILITY, TAX  
LOT 1300 IN SECTION 1, TOWNSHIP 2 NORTH, RANGE 7 EAST OF THE  
WILLAMETTE MERIDIAN, MORE FULLY DESCRIBED IN SKAMANIA COUNTY  
RECORDERS VOLUME 162 OF PLATS PAGE 219 FILE #127219,  
ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington.

NAME OF THE OWNER OR REPUTED OWNER

SKAMANIA COUNTY ; COLUMBIA CASCADE HOUSING CORP ; LEACO

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:

December 28, 1998

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 21224.26 )  
Plus lien costs in the amount of \$ 250.00

for a total of: \$ 21474.26

TWENTY ONE THOUSAND FOUR HUNDRED SEVENTY-FOUR & 26/100----- DOLLARS

PLUS interest and attorney's fees

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

-Claimant-

STATE OF WASHINGTON  
County of Clark

I, WANDA FULLBRIGHT, being sworn, say: 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.

Suscribed and sworn to before me this 8 day of February, 1999.

Notary Public in and for the State of Washington, residing at Vancouver in said County.

STATE OF WASHINGTON  
County of Clark

} ss. (CORPORATE ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that WANDA FULLBRIGHT is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the LIMITED AGENT of CANNON COMMUNICATION to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

*Elizabeth A. Steffy*  
Notary Public in and for the State of Washington  
My appointment expires: March 1, 2000

Dated: February 08, 1999

ELIZABETH A. STEFFY  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
MARCH 1, 2000