Return Address

CHAPTER 60.04 RCW

TELEPHONE NUMBER:

85 SW MONDA RD STEVENSON WA in SKAMANIA County, Washington.

KENNETH &/OR SALLY WOODS

Plus lien costs in the amount of

PLUS interest and attorney's fees

SKAMANIA COUNTY AUDITOR'S FILE # 1985

NAME OF THE OWNER OR REPUTED OWNER

SIX THOUSAND SEVENTY-THREE & 64/100-

**BECAME DUE:** October 06, 1999

FURNISHED: October 21, 1999

11815 NE Highway 99, Suite A VANCOUVER, WA 98686 H & S SPRAY CONTRACTORS

V5 KENNETH &/OR SALLY WOODS

BUILDING MATERIAL INFORMATION BUREAU, INC

-Claimant-

In support to this lien, the following information is submitted:
NAME OF LIEN CLAIMANT: H & S SPRAY CONTRACTORS

PARCEL 02-07-01-2-0-0502-00, TAX LOT 502 IN SECTION 12,

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS

MORE FULLY DESCRIBED VOLUME 84 OF PLATS PAGE 365, IN

(503)650-1163

PO BOX 1164, OREGON CITY OR 97045

**CLAIM OF LIEN** 298654 NOTICE IS HEREBY GIVEN THAT THE PERSON NAMED BELOW CLAIMS A LIEN PURSUANT TO DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS NAME OF PERSON INDEBTED TO THE CLAIMANT: FOES & SULLIVAN DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: TOWNSHIP 2 NORTH, RANGE 7 EAST OF THE WILLAMETTE MERIDIAN, ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington. 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 (\$ 5823.64 \$ 250.00 for a total of: \$ 6073.64 **DOLLARS** IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

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. landa Suscribed and sworn to before me this 13 day of January, 2000. Notary Public in and for the State of

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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 H&S SPRAY CONTRACTORS to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Notary Public in and for the State of Washington My appointment expires: March 1, 2000

Dated: January 13, 2000

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