

BOOK 265 PAGE 724

FILED FOR RECORD
SKAMMILL CO. WASH
BY *Vince James*

JAN 5 12 40 PM '01

Olson
AUDITOR
GARY M. OLSON

OREN JAMES TRUCKING INC.
121 BAHMAN RD
WASHINGTON WA. 98671

Indexing information required by the Washington State Auditor's Records Office. (RCW 35.18 and RCW 65.04) 1/97: Please print last name first.

Reference # (If applicable): _____

Grantor(s) (Owner): (1) _____ (2) _____ Add'l. on pg. _____

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): _____ Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # _____

OREN JAMES TRUCKING INC. Claimant
AVERY BACKHOE SERVICE vs.
Name of person indebted to Claimant

Registered _____
 Indexed _____
 Mapped _____
 Notes _____
 Pages _____

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: OREN JAMES TRUCKING INC.
TELEPHONE NUMBER: (360) 837-3394 ADDRESS: 121 BUSHMAN RD
WASHINGTON WA 98671
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: 10-23-00
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: AVERY BACKHOE SERVICE
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): WASHINGTON RIVER ROAD
PROJECT @ APPROX. M.P. 9 ; CAPE HORN SCHOOL PROJECT
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): SKAMANIA COUNTY
TELEPHONE NUMBER: 509-421-9448 ADDRESS: 290 NW CARPENTER AVE.
STEVENSON WA 98658
6. 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: 12-21-00



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BOOK 205 PAGE 725

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 26,040.00

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

OREN JAMES TRUCKING INC.
Claimant

Print or Type Name

121 BAHMAN RD

Address

WASHOUCHE WA. 98671

(360) 837-3394

Telephone Number

STATE OF WASHINGTON

County of Skamania }

SS.

Vince James 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; 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.

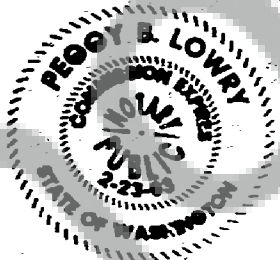
Signed and sworn to before me on this

5th

day of

January

2001



Print Name

Notary Public in and for the State of

My appointment expires:

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.



Claim of Lien
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