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D. Lawry
AUDITOR
GARY H. OLSON

Return Address:
Tualatin Valley Builders Supply
PO Box 1138
Lake Oswego, OR 97035

Claim of Lien

Indexing information required by the Washington State Auditor's Office (RCW 36.18 and RCW 65.04) 1/97:

Reference # (If applicable): O'Shea's Woodworks 45415.967

Grantor(s) (Owner): (1) Janovec Redwoods LTD.

Grantee(s) (Claimants): (1) Tualatin Valley Builders Supply

Legal Description (abbreviated): Tax Lot 7002 Sub:

Assessor's Property Tax Parcel/Account # 020520000700 Skamania County

(please print last name first)

Add'l on pg ____

Add'l on pg ____

Add'l legal is on page ____

Tualatin Valley Builders Supply >
Claimant >
vs. >
O'Shea's Woodworks >
Name of person indebted to Claimant >

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: Tualatin Valley Builders Supply, Inc.
TELEPHONE NUMBER: (503) 697-6763 ADDRESS: PO Box 1138, Lake Oswego, OR 97035
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: May 24, 2001.
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: O'Shea's Woodworks
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Tax Lot 700 Sec: 20 Township: 2 Range: 5
Vol: 76 Page: 844 Parcel: 020520000700 Last Order: 340368 06-11-2001 O'Shea's Woodworks
4232 Canyon Creek Rd Washougal, WA 98671
5. NAME OF THE OWNER OR REPUTED OWNER (if not know state "unknown"): Janovec Redwoods Ltd
212 Janaveck Washougal, WA 98671

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6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICE WERE FURNISHED. CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE OR MATERIAL OR EQUIPMENT WAS FURNISHED: June 29, 2001.
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 3,526.38 as finance charge through July 25, 2001 and recording fees
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

K L Hillier
(Claimant)
Kevin L Hillier
(Print or Type Name)
PO Box 1138
Lake Oswego, OR 97035
(Address)
(503) 697-3763
(Telephone Number)

STATE OF OREGON >
>
County of Clackamas >

Kevin L Hillier, Credit Manager, 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 29 day of August 2001



Laurie Howard
Print Name: Laurie Howard
Notary Public in and for the State of Oregon
My appointment expires: October 15, 2002

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 ON THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

Unpaid Invoice (s):					
6/4/01	2171710	611.16	6/21/01	2172978	2481.83
6/21/01	2173027	75.60	6/29/01	2173560	793.74
6/29/01	2173662	82.08 Cr	7/26/01	2175034	410.40 Cr