

149277

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FILE: Precision Roof Trusses

JUN 30 2 32 PM '03

EXMOSN2

J. M. HOSKINSON

Return Address:

Precision Roof Trusses, Inc.
11550 SE Jennifer St.
Clackamas, OR 97015

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 26.18 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) (Claimant): (1)	(2)	Add'l. on pg.
Legal Description (abbreviated):		Add'l. legal is on page
Assessor's Property Tax Parcel / Account #		

Precision Roof Trusses, Inc. Claimant
vs.
Thornion and Locke Construction
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: Precision Roof Trusses, Inc.
TELEPHONE NUMBER: 503.656.2983 ADDRESS: 11550 SE Jennifer St.
Clackamas, OR 97015
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: April 22, 2002
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Thornion and Locke Construction
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 8691 Windriver Hwy,
Carson, WA Tax Lot 04-07-23-3-4-2001-00
Section 23, Township 4N, Range 7E of the W.M. as described.
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Raymond Blaisdell
TELEPHONE NUMBER: 98610 ADDRESS: 8201 Blaisdell Road
Carson, WA
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: April 22, 2002



Claims of Lien
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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1487.36
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Precision Root Tractor, Inc.

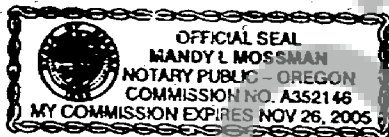
Dyann M Knutson Myers
Claimant
Dyann M Knutson Myers
Print or Type Name
11550 SE Jennifer St.
Address
Clackamas, OR
(503) 656-2983
Telephone Number

Oregon
STATE OF WASHINGTON

County of Clackamas } ss.

Dyann M Knutson Myers 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.

Date this 26th day of June, 2003.



Wandy L Mossman
Print Name Wandy L Mossman
Notary Public in and for the State of Oregon
My appointment expires: November 26, 2005

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.