Doc # 2004151960

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Date: 02/10/2004 04:39P

Filed by: GENERAL PUBLIC

Filed & Recorded in Official Records
of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

Fee: \$20.00

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8	AND ANY EMPLOYIES Claimant
9	Side FK INC. / Glaw Palmatica  And any employies Claimant  Vs.  Reginald Linda Eklund /  Name of person indebted to Claimant:  Lilly 3849 SW Coebert  Pacthenal, Oc. 97239
10	Name of person indebted to Claimant:  Lilly 3849 SW Coebst
11	
12	Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support of this lien the following information is submitted:
13	1. NAME OF LIEN CLAIMANT: Sob FX INC : employees (Gles) falmation TELEPHONE NUMBER: 360-772-1064 ADDRESS: 12808 NE 44 57 VANCOUNE, Wa 98682
14	ADDRESS: 12808 DE 44 ST VANCOUVEL, Wa 98682
15	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
16	BECAME DUE: 12 2003
17	3. NAME OF PERSON INDEBTED TO THE CLAIMANT: 2,2 4
18	4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
19	other information that will reasonably describe the property): 4/1/ STEWART ROAD ROAD ROAD ROAD ROAD ROAD ROAD ROAD
20	5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): 2:29
21	5. NAME OF THE OWNER OR REI O'LE OWNER (I' HOL RHOWN SINCE WIRELOWN). 2729
22	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
23	FURNISHED: 2-10-04
24	7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 4/1, 100 + 985 78 w/29/270 APR MATELIAL
25	8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:
26	D Huennet
27	DAVId Willewood Print or Type Name
28	12808 NE 44 57
29	Address VANCOUVER, Wa 98682 360-772-1064 ox 360-891-6754 Telephone Number
30	360-772-1064 34 360-871-613 7 Telephone Number
31	Claim of Lien Washington Legal Blank, Inc., Issaquah, WA Form No. 90 6/92 MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.
۵4	MATERIAL MATERIAL HOTEL REPRODUCED IN MITOES OF INTITUTE MATERIAL COMMITTEE

STATE OF WASHINGTON, COUNTY OF
Skamania ss.  Avid Huennekens , being sworn, says: I am the claimant (or attorney of the
DAVID HUENNEKENS , 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.
Lehniga 7001
Subscribed and sworn to be this day of 1 EUVUUV 49 2007
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Notary Public in and for the State of Washington
Notary Fubility in and for the state of free free free free free free free
My appointment expires: 2/23/07
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NOTE: THE CLAIM OF LIEN MOST 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.