Doc # 2004153101
Page 1 of 2
Date: 05/25/2004 04:22P
Filed by: NORTHWEST LIEN SERVICE INC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $20.00

Return Address: N.W. LIEN SERVICE, INC.
101 E. 8th ST.
STE. 330E
VANCOUVER, WA 98660

EBD9600SK

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable): _____

Grantor(s) (Owner): (1) MOBLEY, JOHN (2) MOBLEY, ANDRA Add'l. on pg ___

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

Legal Description (abbreviated): 02-07-20-0-0-0800-00 Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # _____

EYEBALL DRYWALL
Claimant
vs.
MOBLEY, JOHN AND ANDRA
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: EYEBALL DRYWALL
TELEPHONE NUMBER: (509) 427-7756 ADDRESS: PO BOX 1187
CARSON, WA 98610

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: 2/2/04

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: VAN PELT & VAN PELT CONST. INC.

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
02-07-20-0-0-0800-00
105 HERRON DR., NORTH BONNEVILLE, WA 98639

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): JOHN & ANDRA MOBLEY
TELEPHONE NUMBER: (509) 427-7556 ADDRESS: PO BOX 789 STEVENSON, WA 98648

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: 4/28/04

Unofficial Copy

©Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/96
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $2,400.00

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : N/A

Robert W Williams
Claimant
ROBERT W. WILLIAMS
Print or Type Name
PO BOX 1187
Address
CARSON, WA 98610

(509) 427-7756
Telephone Number

STATE OF ~~WASHINGTON~~ OREGON
County of MULTNOMAH } ss.

ROBERT W. WILLIAMS, 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.

Robert W Williams

Date this 17TH day of MAY, 2004.

Print Name CHARLES K. EVANS

Notary Public in and for the State of OREGON

My appointment expires: 11/19/04

OFFICIAL SEAL
CHARLES K. EVANS
NOTARY PUBLIC-OREGON
COMMISSION NO. 339159
MY COMMISSION EXPIRES NOVEMBER 19, 2004

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.

Unofficial Copy

DOC # 20041531 01
Page 2 of 2