Doc # 200415349 Page 1-1 SM
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Date: 06/28/2004 12:04P
Filed by: CONSTRUCTION SPECIALTY SERVICE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $22.00

Return Address:
Construction Specialty Services, Inc. dba Profiles
5000A Summitview Ave #~~221~~ 267 SM
Yakima, WA 98908

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) Construction Design Services LLC (2) North Bonneville LLC Add'l. on pg 1-3 SM

Grantee(s) (Claimants): (1) Construction Specialty Services Inc (2) Profiles Add'l. on pg ___

Legal Description (abbreviated): Lot 2-SPT-115, Lot 3-SPT-115 Add'l. legal is on page ___

Assessor's Property Tax Parcel/Account # 02-07-29-2-2-2800-00 + 02-07-29-2-2400-00

Construction Specialty Services Inc dba Profiles
Claimant

vs.

Construction Design Services LLC and North Bonneville LLC
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: Construction Specialty Services dba Profiles
TELEPHONE NUMBER: 509-307-4961 ADDRESS: 5000A Summitview #267
Yakima, WA 98908

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: 3-15-04

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Construction Design Services, LLC + North Bonneville LLC

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lot 2, SPT-115 and Lot 3-SPT-115

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Construction Design Services LLC
TELEPHONE NUMBER: 360-885-0600 ADDRESS:
7535 NE 25th Street, Vancouver, WA 98662

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: 6-18-04

Unofficial Copy

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $25,077.88

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

Claimant

S.L. Martin
Print or Type Name

Construction Specialty Services Inc. dba Profiles
Address

5828 Summitview Ave #207
Yakima, WA 98908

Telephone Number
509-307-4961

STATE OF WASHINGTON }
County of Skamania } SS.

Stephanie L Martin, 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 28th day of June, 2004.

PEGGY B. LOWRY NOTARY PUBLIC 02-23-07 STATE OF WASHINGTON

Peggy B Lowry

Print Name Peggy B. Lowry

Notary Public in and for the State of Washington

My appointment expires: 2/23/07

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.

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Return Address:
Construction Specialty Services dba Profiles
5808A Summit View #207
Yakima, WA 98908

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/92: (please print last name first)

Reference # (If applicable): _____

Grantor(s) (Owner): (1) Lee Rosner (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 # _____

_____
Claimant
vs.
_____
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: _____
TELEPHONE NUMBER: _____ ADDRESS: _____

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: _____

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: _____

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): _____

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Lee Rosner
TELEPHONE NUMBER: 707 544-1520 ADDRESS: 400 West 3rd Street Santa Rosa, CA 95401

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: _____

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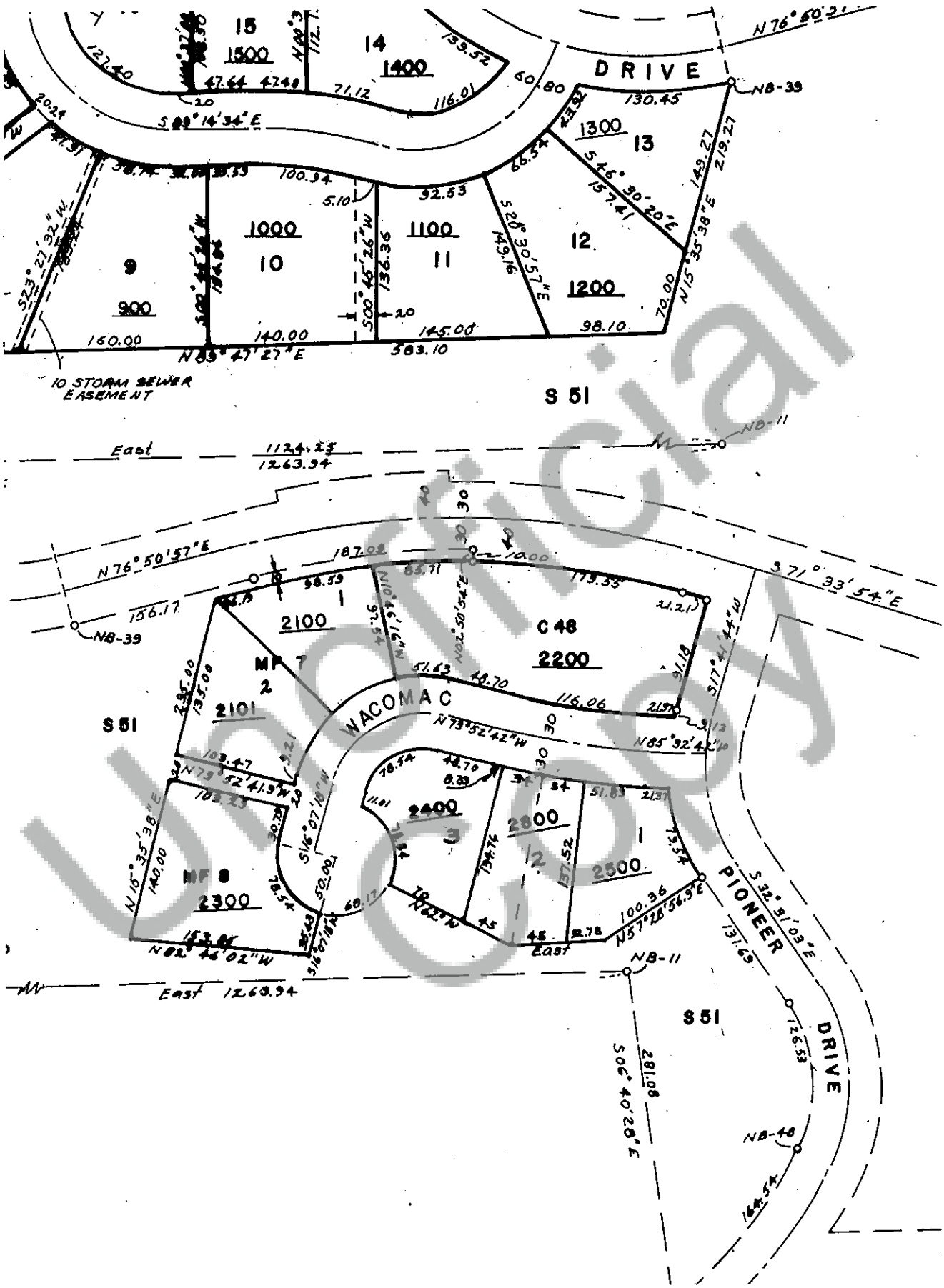

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