

Return Address:

Construction Specialty Services, Inc. dba Profiles
5000A Summitview Ave # 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 Bonnaville LLC* Add'l. on pg. *8 sm*

Grantee(s) (Claimant): *Construction Specialty Services (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 Parcel # Account # *02-07-29-2-2800-00 + 02-07-29-2-2100-00*

Construction Specialty Services Inc dba Profiles
 Claimant
 vs.
Construction Design Services LLC and North Bonnaville 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: *509-307-9901* 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 Bonnaville 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*





DOC # 2004153494
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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.



Print Name Peggy B. Loney
Notary Public in and for the State of Washington
My appointment expires: 2/23/07

Signed and sworn to before me on this 28th day of June, 2004

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 or lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Stephanie L. Martin

STATE OF WASHINGTON
County of Skiamaqua
SS. }

Telephone Number
509-307-4901

Yakima, WA 98908

Address
5084 Summit Ave #207

Print or Type Name
Washington Secondary Services Inc. the Regies
Claimant
S.L. Martin

Stephanie L. Martin

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

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

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Return Address:

Construction Specialty Services dba Profiles
5808A Summitview #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) 1/97: (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: 100 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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