

**After Recording, Return to:**

Medallion Industries, Inc.  
3221 NW Yeon Ave.  
Portland, OR 97210  
503-221-0170

Doc # 2004154468  
Page 1 of 3  
Date: 09/15/2004 01:59P  
Filed by: MEDALLION INDUSTRIES INC  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$21.00

**CLAIM OF LIEN**

**Reference # (If applicable): \*\*\***  
**Owners: Construction Design Services LLC &/or North Bonneville LLC**  
**Legal Description: Lot 2 &3, Wocomac Replat, 29-2N-7E , According to the Plat thereof, As Recorded in Skamania County Recorder's Office.**  
**Assessor's Property Tax Parcel/Account # 20-07-29-2-2-2800 & 2400-00**

Medallion Industries, Inc. )

Claimant, )

vs. )

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: Medallion Industries, Inc.  
TELEPHONE NUMBER: 503-221-0170  
ADDRESS: 3221 NW Yeon Ave. Portland, OR 97210
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 2, 2004.

3. NAME OF PERSON INDEBTED TO THE CLAIMANT:  
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): 1102-1103 Wocomac,  
North Bonneville, WA
5. NAME OF THE OWNER OR REPUTED OWNER (If not known  
state "unknown"): Construction Design Services &/or North Bonneville  
LLC  
TELEPHONE NUMBER:  
ADDRESS: 7535 NE 25<sup>th</sup> Street , Vancouver, WA 98661
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED  
PROFESSIOINAL SERVICES WERE FURNISHED;  
CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN  
WERE DUE; OR MATERIAL, OR EQUIPMENT WAS  
FURNISHED: Sept 1, 2004
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED  
IS: \$21655.19 includes \$21 recording fee
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO  
STATE HERE: \*\*\*

For Medallion Industries, Inc

  
\_\_\_\_\_  
Claimant

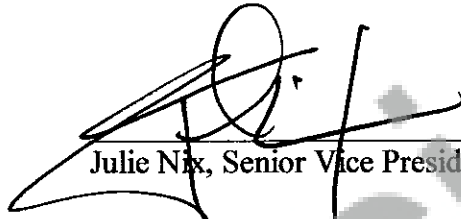
Julie Nix, Senior Vice President  
Print or Type Name

3221 NW Yeon Ave. Portland, OR 97210  
Address

503-221-0170  
Telephone Number

STATE OF OREGON            )  
  ) ss.  
County of Multnomah        )

I, Julie Nix, being sworn, say: 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.

  
Julie Nix, Senior Vice President

SIGNED AND SWORN TO before me on this 15th day of September, 2004





Print Name:       Barbara Rubrecht

Notary Public in and for the State of: Oregon

My appointment expires: December 04,2006