

Return Address  
BUILDING BUREAU, INC.  
11815 NE Highway 99, Suite A  
VANCOUVER, WA 98686

A & J CUSTOM CABINETS, INC. )  
 )  
 )  
-Claimant- )  
 )  
vs ) CLAIM OF LIEN  
 ) 427360  
NORTH BONNEVILLE LLC )  
WALTERS CONSTRUCTION )  
 )  
 )  
 )  
 )  
 )  
 )

NOTICE IS HEREBY GIVEN THAT THE PERSON NAMED BELOW CLAIMS A LIEN PURSUANT TO CHAPTER 60.04 RCW  
In support to this lien, the following information is submitted:  
NAME OF LIEN CLAIMANT: A & J CUSTOM CABINETS, INC.  
  
TELEPHONE NUMBER: (360)694-4833  
ADDRESS: 2300 B EAST 1 ST, VANCOUVER WA 98661  
  
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:  
July 20, 2004  
  
NAME OF PERSON INDEBTED TO THE CLAIMANT: WALTERS CONSTRUCTION  
DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
1121-1124 WACOMAC DR N BONNEVILLE WA  
in SKAMANIA County, Washington.  
PARCEL # 02072922240000, LOT 3, WACOMAC REPLAT, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN VOLUME T OF PLAT PAGE 115 ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington.  
  
NAME OF THE OWNER OR REPUTED OWNER  
NORTH BONNEVILLE LLC ; WALTERS CONSTRUCTION

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:  
July 21, 2004  
  
PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 12926.58 )  
Plus lien costs in the amount of \$ 250.00  
\$ 0.00  
  
for a total of: \$ 13176.58

THIRTEEN THOUSAND ONE HUNDRED SEVENTY-SIX & 58/100----- DOLLARS  
PLUS interest and attorney's fees  
IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A  
  
\_\_\_\_\_  
-Claimant or person authorized to act on their behalf-

STATE OF WASHINGTON

County of Clark

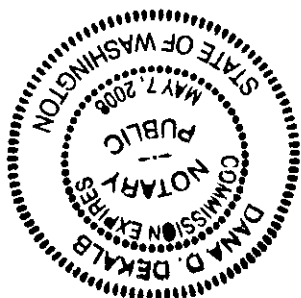
I, JAMIE PEONIO, being sworn, say: I am the claimant (or attorney of the claimant, or administrator, representative or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Jamie Peonio

Suscribed and sworn to before me this 15 day of October, 2004.

STATE OF Washington }  
County of Clark } ss. (CORPORATE ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that JAMIE PEONIO is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the LIMITED AGENT of A & J CUSTOM CABINETS, INC. to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.



Dana D. Dekalb  
Notary Public in and for the State of WA  
My appointment expires: 5-7-08  
Dated: October 15, 2004