

Return Address:
RoHillCo Business Services, LLC
15450 SW Boones Ferry Rd. #9-500
Lake Oswego, OR 97035

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): NA

Grantor(s) (Owner): (1) Joan Gift (2)

Grantee(s) (Claimants): (1) Mutual Materials Co.

Add'l on pg

Legal Description (abbreviated): As described in the Book 231 Page 59 at Skamania County document records

Assessor's Property Tax Parcel/Account # 02-06-35-0-0-0300-00 Skamania County

Mutual Materials Company
P.O. Box 2009
Bellevue, WA 98009-2009

Claimant >
vs. >

Joan Gift
761 Butler Loop Rd.
Skamania, WA 98648

Name of person indebted to Claimant >

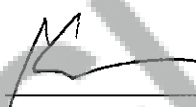
Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Mutual Materials Company, P.O. Box 2009, Bellevue Washington 98009-2009

TELEPHONE NUMBER: (800)-477-3008 X2316

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: September 14, 2004.

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: J & J Masonry, 9104 NE Saint Johns Rd., Suite 101, Vancouver Washington 98665.
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 761 Butler Loop Rd., Skamania Washington.
5. NAME OF THE OWNER OR REPUTED OWNER (if not know state "unknown"): Joan Gift at the same address.
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICE WERE FURNISHED: CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR WQUIPMENT WAS FURNISHED: September 14,2004.
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 806.38 including document preparation and recording fees.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:



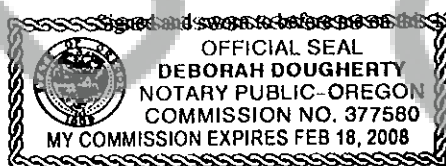
(Claimant)
Kevin L. Hillier
15450 SW Boones Ferry Rd. #9-500
Lake Oswego, OR 97035

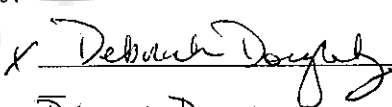
STATE OF OREGON >
>
County of Clackamas >

Kevin L. Hillier, Agent for Mutual Materials Company , 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.



Kevin L. Hillier





Deborah Dougherty
Print Name:
Notary Public in and for the State of Oregon
My appointment expires: 2/18/08

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 PROVED BY LAW.