Doc # 2005156771
Page 1 of 2
Date: 03/30/2005 12:24P
Filed by: GALE CONTRACTOR SERVICES
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $20.00

Return Address:
Gale Contractor Services
1900 W. 39Th B-207
Vancouver, WA 98660
(360)694-3030

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) Carson Mineral Hot Springs (2) _____ Add'l. on pg ___

Grantee(s) (Claimants): (1) Gale Contractors Srvs (2) _____ Add'l. on pg ___

Legal Description (abbreviated): Book 147 Pg 914 Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # 03082100020000

Gale Contractor Services
Claimant
vs.
Carson Mineral Hot Springs
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: Gale Contractor Services
TELEPHONE NUMBER: 360 694-3030 ADDRESS: 1900 W. 39th B-207 Vancouver, WA 98660

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: 1/10/2005

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Carson Mineral Hot Springs

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 372 St Martin Rd

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Carson Mineral
TELEPHONE NUMBER: 509 427-8292 ADDRESS: PO Box 1169, Carson WA 98610

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: 1/12/2005

Lien Book 3

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 5252.44

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

Don Dodds
Claimant

Don Dodds
District Manager
Print or Type Name

19000 NE 39th St B-207
Address

Vancouver, WA 98682
360 694-3030
Telephone Number

STATE OF WASHINGTON
} ss.
County of Clark

Don Dodds, 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 29 day of March, 2005.

GRACE C. BURT
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
AUGUST 15, 2006

Grace C Burt

Print Name Grace C. Burt

Notary Public in and for the State of WASHINGTON

My appointment expires: 8/15/2006

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.