

Prepared by, recording requested by and return to:

Name: Jim Bradley, President
Company: Skamania Landing Owners Association
Address: PO Box 791
City: Stevenson
State: Washington Zip: 98648
Phone: 509-427-4962

-----Above this Line for Official Use Only-----

CLAIM OF LIEN

Assessor's Property Tax Parcel No./Account No. 02063414250000/02063414250000

Skamania Landing Owners Association, Claimant

vs

__Joseph & Sandra Gamble, [Name of person indebted to claimant]

Notice is hereby given that the person named below claims a lien pursuant to RCW 60.04.100. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Skamania Landing Owners Association
TELEPHONE NUMBER: 509-427-4962
ADDRESS: PO Box 791
Stevenson, Washington 98648
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 WAS THE 1 DAY OF May, 2005.
3. NAME OF PERSON INDEBTED TO THE CLAIMANT:
__Joseph & Sandra Gamble
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (Street address, legal description or other information that will reasonably describe the property):
__152 Lakeshore Drive,
__Lot22&21 Block 3 Woodard Marina Estates,
__Skamania, Washington 98648
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state Q "unknown"):
__Joseph & Sandra Gamble

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 WAS THE 1 DAY OF May, 2005.

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

\$370.00, Three Hundred Seventy Dollars

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

Claimant is Assignee

Skamania Landing Owners Association

Jim Bradley By [Signature]

President Title

PO Box 791 Street Address

Stevenson, Washington 98648 City, State, Zip

509-427-4962 Phone Number

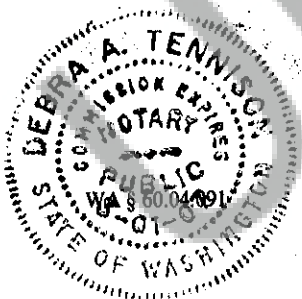
STATE OF WASHINGTON
COUNTY OF SKAMANIA, ss.

Jim Bradley, President, 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.

Affiant [Signature]

Title President

Subscribed and sworn to before me this 14 day of Sept, 2005.



Debra A. Tennison
Notary Public residing at N. Boonville

Printed Name: Debra Tennison

My Commission Expires: 3/1/07