Doc # 2006160295
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Date: 01/23/2006 01:48P
Filed by: BUILDING BUREAU INC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$33.00

Return Address BUILDING BUREAU, INC. 660 Goerig St. Suite B WOODLAND, WA 98674

ELECTRIX LLC	)
-Claimant- vs ELENA &/OR PIRFIL CAM	) CLAIM OF LIEN 448098
	) ) )

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: ELECTRIX LLC

TELEPHONE NUMBER:

360.694.5094

ADDRESS:

115 V 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:

February 11, 2005

NAME OF PERSON INDEBTED TO THE CLAIMANT: BONNEVILLE HOT SPRINGS RESORT DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

1252 E CASCADE DR N BONNEVILLE WA

in SKAMANIA County, Washington.

PARCELS 02071630020000/02071630020006, BONNEVILLE HOT

SPRINGS RESORT, TAX LOT 200, SECTION 16, TOWNSHIP 2 NORTH,

RANGE 7 EAST OF THE WILLAMETTE MERIDIAN, MORE FULLY

DESCRIBED IN SKAMANIA COUNTY AUDITORS FILE # 2006-160125.

ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington.

NAME OF THE OWNER OR REPUTED OWNER

ELENA &/OR PIRFIL CAM

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:

November 10, 2005

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS

(\$ 33036.27 )

Plus lien costs in the amount of \$ 250.00 \$ 0.00

for a total of: \$ 33286.27

THIRTY THREE THOUSAND TWO HUNDRED EIGHTY SIX AND 27/100----- DOLLARS

PLUS interest and attorney's fees

IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: 17 / 17

Deanna French

-Claimant or person authorized to act on their behalf-

## STATE OF WASHINGTON

County of Clark

I, DEANNA FRENCH, 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.

Deanna French

Suscribed and sworn to before me this 18 day of January,2006.

STATE OF Washington County of Cowlitz

ss. (CORPORATE ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that DEANNA FRENCH 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 ELECTRIX LLC to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Notary Public in and for the State of

My appointment expires:

Dated: January 18, 2006