

Return Address:

PO BX 663
Hood River, OR
97031

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(s)) (1) _____ (2) _____ Add'l. on pg _____

Grantee(s) (claimant(s)) (1) _____ (2) _____ Add'l. on pg _____

Legal Description (abbreviated): _____ Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # 3-8-17-2-130

Hopkins Enterprises
Randy & Jane Nieto
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: HOPKINS ENTERPRISES
TELEPHONE NUMBER: (509) 386-3773 ADDRESS: PO BX 663
Hood River, OR 97031
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 20, 2005
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: HOPKINS ENTERPRISES
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 702 High Bridge Rd., Carson, WA 98600
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Randy & Jane Nieto
TELEPHONE NUMBER: (509) 427-8094 ADDRESS: 702 High Bridge Rd.
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: December 13, 2005



7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 2870.69
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE : Yes

HOPKINS Enterprises
Claimant
HOPKINS ENTERPRISES
Print or Type Name

Address PO BX 663 Houd River, WA
(541) 386-3773 97031
Telephone Number

STATE OF WASHINGTON

County of Skamania } SS.

Charles Hopkins, 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.

CLH - CO-OWNER

Signed and sworn to before me on this 7th day of March, 2006.



Peggy B Lowry
Print Name Peggy B. Lowry
Notary Public in and for the State of Washington
My appointment expires: 2/23/07

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.

