

Date: 03/07/2006 03:22P

Filed by: DEPT OF NATURAL RESOURCES

Filed & Recorded in Official Records

of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

Fee: \$33.00

When Recorded Return to:

Jason Thompson
642 Belle Center Rd
Washougal, WA 98671

NOTICE OF MORATORIUM ON NON-FORESTRY USE OF LAND

GRANTOR(S): R Jason Thompson
(Name of Forest Land Owner(s))GRANTEE: Skamania
(Name of County or City in Which Land Subject to the Forest Practices
Application/Notification is Located)LEGAL DESCRIPTION OF THE FOREST PRACTICES OPERATION: (Include lot,
block, plat, section, quarter/quarter section, township and range)Nw 1/4 SW 1/4 35 T2N R5E

ASSESSOR'S PROPERTY TAX PARCEL OR ACCOUNT NUMBER(S):

02-05-35 0-0-0700-00
2913071

FPA/N Number (to be completed by DNR):

Approval Date (to be completed by DNR):

2/18/06

(1) I/we certify that I/we am the forest land owner, as that term is defined in RCW 76.09.020 and WAC 222-16-010, and that I/we am familiar with the requirements of the Forest Practices Act, RCW 76.09 and Forest Practices rules, WAC Title 222. I/we am specifically familiar with RCW 76.09.060(3) and it's effects.

(2) By this statement I/we declare that the land subject to this Forest Practices application/notification will not be converted to an active use incompatible with timber growing within six years after the approval date of the Forest Practices permitted in the Forest Practices application/notification.

(3) I/we understand that applications/notifications are subject to the reforestation requirements as described in RCW 76.09 and WAC Title 222, the Forest Practices rules. I/we also understand that the reforestation requirements shall not apply only if the land is, in fact, converted unless applicable alternatives or limitations are provided in Forest Practices rules issued under RCW 76.09.070. I/we further understand that it is the obligation of the forest land owner or the owner of perpetual rights to cut timber owned separately from the land to ensure that such reforestation takes place. I/we understand that the obligation to reforest shall become the obligation of the new owner if the land or perpetual timber rights are sold or otherwise transferred.

(4) I/we understand that if I/we have declared that the land subject to this forest practices application/notification will not be converted to an active use incompatible with timber growing, that the land shall be subject to a six-year moratorium which will preclude current and/or successor forest land owners from obtaining development permits while the moratorium is in place. The moratorium shall begin on the approval date of the forest practices application/notification. I/we understand that this means that the county, city, town and/or regional governmental entities shall deny any or all applications for permits or approvals, including but not limited to building permits and subdivision approvals, relating to nonforestry uses of the land subject to the application/notification. The local governmental entity may lift the six-year moratorium if it so chooses through a process, which shall include public notification, and procedures for appeals and public hearings.

(5) I/we understand that the six-year moratorium shall be imposed for applications/notifications, which include a Conversion Option Harvest Plan approved by the local governmental entity if the forest practices are not conducted in compliance with the approved forest practices permit.

(6) I/we understand that information regarding the forest practices application/notification referred to in this Notice may be found at the Washington State Department of Natural Resources, PACIFIC CASCADE Region Office, CASTLE ROCK Washington.

(7) I/we certify and declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed this 13 day of Feb, 2006
(date) (month) (year)

at Castle Rock WA
(city) (state)

[Signature]
Forest Land Owner (Signature)

Susan Thompson
Forest Land Owner (Print Name)

Forest Land Owner (Signature)

Forest Land Owner (Print Name)