Doc # 2006162831

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Fee: \$33.00

Date: 08/31/2006 02:25P Filed by: SALE CONTRACTOR SERVICES Filed & Recorded in Official Records of SKAMANIA COUNTY

of SKAMANIA COUNTY J. MICHAEL GARVISON AUDITOR

CLAIM OF LIEN

Return To:

GALE CONTRACTOR SERVICES 1900 W. 39TH ST., B-207 VANCOUVER, WA 98660

Lien Claimant

GALE CONTRACTOR SERVICES
1900 W. 39TH ST., B-207
VANCOUVER, WA 98660
Name of Person Indebted to Claimant
BAIRD CONSTRUCTION
20677 S HUMMINGBIRD
ESTACADA, OR 97023
Owner's Name & Address
PHILLIP & JANETTE KIYASU
11609 NE 36TH CT
VANCOUVER, WA 98686

Notice is herby 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:

- Name of lien claimant: GALE CONTRACTOR SERVICES, 1900 w. 39TH ST. B-207, VANCOUVER, WA 98660. (360) 694-3030.
- 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: 5/9/2006
- 3. Name of person indebted to the claimant: BAIRD CONSTRUCTION
- 4. Description of the property against which a lien is claimed (street address, legal description or other information that will reasonably describe the property): 362 Glacier View Dr
 Lot 4 Glacier View Short Plat Book 3 page 402
 Parcel 07—5-21-0-0-0215-00, 5.11 Acres
- 5. Name of the owner or reputed owner (If not known state "unknown PHILLIP & JANETTE KIYASU Address: 11609 NE 36TH CT, VACOUVER, WA 98686. Telephone Number:
- 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: 5/31/2006

7. Principal amount for which the lien is claimed is: \$2,313.40

8. If the claimant is the assignee of this claim so state here?

Claimant

Don Dodds, District Manager

Print or Type Name

1900 W. 39th St., B-207, Vancouver, WA 98660

(360) 694-3030

STATE OF WASHINGTON

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.

Singed and sworn to before me on this 31 day of August, 2006

GRACE C. BURT
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
AUGUST 15, 2010

Grace C. Burt

Notary in and for the State of Washington My appointment expires: August 15, 2010

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.