

AFTER RECORDING MAIL TO:

Name: **M-K DRILLING COMPANY**  
Address: **P.O. BOX 470**  
City, State, Zip: **DALLESFORT, WA 98617-0470**

Filed for Record at request of: **MERYLENE E. MOORE**  
**M-K DRILLING COMPANY**

)  
)  
) CLAIM OF LIEN  
)  
vs. **CAM DEVELOPEMENT**  
)  
**P.O. BOX 1155 STEVENSON, WA. 98648**  
**KODY PRICE**

Notice is hereby given that the person named below claims a lien pursuant to chapter 64.04 RCW. In support if this lien the following information is submitted.

1. NAME OF LIEN CLAIMANT: **M-K DRILLING COMPANY**  
TELEPHONE NUMBER: **509-767-1342**  
ADDRESS: P.O. Box **470 DALLESFORT, WA 98617**

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:  
**10-28-05**

3. NAME OF PERSON INDEBTED TO THE CLAIMANT:  
**CAM DEVELOPEMENT/KODY PRICE**

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS  
CLAIMED (Street address, legal description or other information that will reasonably  
describe the property): **SKAMANIA COUNTY LOT 2 OF THE KODY PRICE SHORT**  
**PLAT, RECORDED IN AUDITORS FILE NO. 2005159250**  
**SW 1/4 OF SECTION 25, TOWNSHIP 3N, RANGE 7E**

5. NAME OF THE OWNER OR REPUTED OWNER ( If not known state  
"unknown"): **CAM DEVELOPEMENT**

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 28, 2006**

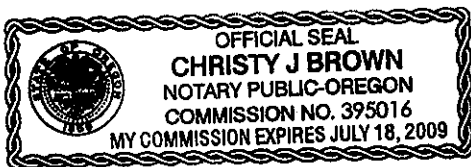
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:  
**\$9,125.27 NINE-THOUSAND ONE HUNDRED TWENTY FIVE AND 27/100 DOLLARS**

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE  
HERE: **M-K DRILLING COMPANY**

P.O. Box  
Dallesport, WA 98617

*Oregon* *CTB*  
STATE OF WASHINGTON)  
*Wasco* *CTB* ss  
COUNTY OF ~~CLATSOP~~ *CLATSOP* )

*M-K Drilling Company by Marylene Moore* 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 known 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.



*Christy J. Brown*  
Notary Public in and for the State of Washington *Oregon* *CTB*  
*Christy J. Brown*  
My Commission expires: *7.18.09*

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