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Date: 04/16/2007 12:53P
Filed by: LIEN RESEARCH CORP
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$33.00

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP. P. O. BOX 148 MARYSVILLE, WA 98270

CLAIM OF LIEN

LUMBERMENS #608
Claimant.
VS
SUMMERLAND ENTERPRISES
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: LUMBERMENS #608 TELEPHONE NUMBER: (541) 296-2248 ADDRESS: P.O. BOX 359, THE DALLES, OR. 97058
- 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: AUGUST 2, 2006
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: SUMMERLAND ENTERPRISES, P.O. BOX 754, CARSON, WA. 98610
- 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: ADDRESS: 660 NE MAJOR ST, STEVENSON, WA.

 LEGAL DESCRIPTION: LOT 3, BLOCK 3, 1ST ADDITION TO HILLCREST ACRES TRACTS, ACCORDING TO THE PLAT RECORDED IN BOOK A OF PLATS, PAGE 97, RECORDS OF SKAMANIA COUNTY, WASHINGTON.
- SKAMANIA COUNTY ASSESSOR'S TAX PARCEL NO. 03753632230200
- 5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): LARRY & BRENDA DESKIN, 18485 SW PACIFIC DR, #456, TUALATIN, OR. 97062-8049
- 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: JANUARY 17, 2007
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$6,694.24 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

For, LUMBERMENS #608, Claimant

P.O. BOX 359

THE DALLES, OR. 97058

(541) 296-2248

(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON) ss COUNTY OF SNOHOMISH)

KARYN M MCCRARY, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

On this day personally appeared before me, KARYN M MCCRARY, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 10 day of April, 2007

PRINTED NAME: JUDY SARKIS

NOTARY PUBLIC

in and for the State of Washington.

Residing in: STANWOOD

My commission expires: 1/12/2010

Order #07-040345, dated: 4/5/2007

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