Dec # 2007167294

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Fee: \$41.00

Date: 08/16/2007 02:40P

Filed by: LIEN RESEARCH CORP

Filed & Recorded in Official Records

of SKAMANIA COUNTY SKAMANIA COUNTY AUDITOR J MICHAEL GARVISON

AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

R.H. INSULATION CO.

Claimant.

VQ

JON STENMETZ

(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: R.H. INSULATION CO. TELEPHONE NUMBER: (360) 892-2285
 ADDRESS: P.O. BOX 820721, VANCOUVER, WA. 98682
- 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: APRIL 21, 2007
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JON STEINMETZ, P.O. BOX 992, WASHOUGAL, WA. 98671
- 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: ADDRESS: 16052 (16102) WASHOUGAL RIVER RD, WASHOUGAL, WA. LEGAL DESCRIPTION: ALL THAT PORTION OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 15, TOWNSHIP 2 NORTH, RANGE 5 EAST, W.M. LYING SOUTHEASTERLY OF THE COUNTY ROAD NO. 1106, AS DESIGNATED AS WASHOUGAL RIVER ROAD. SITUATE IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

SKAMANIA COUNTY ASSESSOR'S TAX PARCEL NO. 02-05-15-1-0-0702-00

- 5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): JON L STEINMETZ, 2128 SE 11TH AVE, CAMAS, WA. 98607-2267 & P.O. BOX 992 WASHOUGAL WA 98671
- 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: MAY 21, 2007
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$1,136.10 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, R.H. INSULATION CO., Claimant

P.O. BOX 820721

VANCOUVER, WA. 98682

(360) 892-2285

(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 16 day of August, 2007

PRINTED NAME: DAVID ELLIOT

NOTARY PUBLIC

in and for the State of Washington.

Residing in: EVERETT

My commission expires: 1/30/2010

Order #07-081535, dated: 8/14/2007