



STATE OF WASHINGTON

County of Clark

I, DEANNA FRENCH, being sworn, say: 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.

Deanna French

Suscribed and sworn to before me this 13 day of November, 2007.

STATE OF

Washington

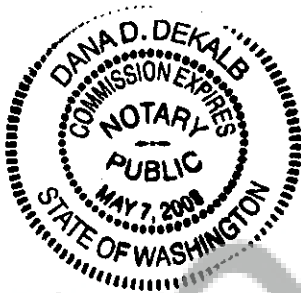
County of

Cowlitz

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ss. (CORPORATE ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that DEANNA FRENCH is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the LIMITED AGENT of KNEZ INSULATION CO LLC to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.



Dana D. Dekalb

Notary Public in and for the State of WA

My appointment expires: 5-7-08

Dated: November 13, 2007