Doc # 2007168240
Page 1 of 2
Date: 11/14/2007 11=31A
Filed by: BUILDING BUREAU INC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$41.80

Return Address BUILDING BUREAU, INC. 660 Goerig St. Suite B WOODLAND, WA 98674

-Claimant or person authorized to act on their behalf-

KNEZ INSULATION CO LLC)	
-Claimant-	
vs	CLAIM OF LIEN 490320
MIKEL MCLASKEY)	490320
LC CONSTRUCTION)	
)	
)	
)	
·	• (^ >
NOTICE IS HEREBY GIVEN THAT THE PERSON NAMED BELOW	CLAIMS A LIEN PURSUANT TO
CHAPTER 60.04 RCW	CLAIMS A LIBITORSCAIT TO
In support to this lien, the following information is submitted:	- / -
NAME OF LIEN CLAIMANT: KNEZ INSULATION CO LLC	
	N *
TELEPHONE NUMBER: 503.655.5690	
ADDRESS: 12301 SE HWY 212, CLACKAMAS C	
DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR	
SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH BECAME DUE:	EMPLOYEE BENEFT! CONTRIBUTIONS
August 24, 2007	NUCTION
NAME OF PERSON INDEBTED TO THE CLAIMANT: LC CONSTR DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS C	
322 AGATE LN WASHOUGAL WA	Dinings.
in SKAMANIA County, Washington.	4 7 1
PARCEL 01050500110400, LOT 2, SHORT PLAT 2006-162894,	
SECTION 05, TOWNSHIP I NORTH, RANGE 5 EAST, OF THE	
WILLAMETTE MERIDIAN, MORE FULLY DESCRIBED IN SKAMA	ANIA COUNTY
AUDITORS FILE 2006-164040.	
ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA	County, Washington.
NAME OF THE OWNER OR REPUTED OWNER	
MIKEL MCLASKEY ; LC CONSTRUCTION	
THE LAST DATE ON WHICH LABOR WAS PERFORMED, PROFES	SIONAL SEDVICES WEDE FIDNISHED
CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE	
FURNISHED:	,, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
August 28, 2007	
- ·	(0. (200.40
PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS Plus lien costs in the amount of	(\$ 6308.10)
Tus hen costs in the amount of	\$ 275.00 \$ 0.00
	——————————————————————————————————————
for a total	of: \$ 6583.10
SIX THOUSAND FIVE HUNDRED EIGHTY THREE AND 10/100	DOLLARS
PLUS interest and attorney's fees	
IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE	HERE: N/A
Deanna French	

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 Wishington Country of Cowlitz

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.

ON DEKA OF WASHING

Notary Public in and for the State of My appointment expires:

Dated: November 13, 2007