

Prepared by, recording requested by and
return to:

Name: Tom Owens
Company:
Address: 1110 Still Cove Ln
City: Stevedale
State: WA Zip: 98648
Phone:
Fax:

-----Above this Line for Official Use Only-----

CLAIM OF LIEN--INDIVIDUAL

Thomas Owens, Claimant

vs

Angel Heights, LLC, [Name of person indebted to claimant]

Notice is hereby given that the person named below claims a lien pursuant
to RCW 60.04.100. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT:
TELEPHONE NUMBER:

Thomas Owens

ADDRESS:

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 WAS THE 1 DAY OF

November, 2007.

SEE Attached List for Tax Lot #
30736330112000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT:

Angel Heights, LLC

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS
CLAIMED (Street address, legal description or other information that will
reasonably describe the property):

Lots 9, 10, 12, 15, 26, 27 Angel Heights
subdivision #2005158873

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state Q "unknown"): _____
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 WAS THE 15 DAY OF January, 2008.
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:
\$30,000
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM, SO STATE HERE: _____

Signature

Thomas T. Owens

Name of Claimant

1110 Still Cove LN
Street Address

Stevenson, WA 98648
City, State, Zip Code

Phone Number

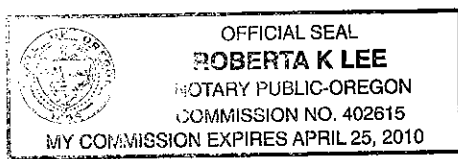
Bottom of Form

~~WASHINGTON~~
STATE OF OREGON
COUNTY OF Clatsop, ss.

THOMAS T. OWENS IN, 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 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.

[Signature]
Affiant

Subscribed and sworn to before me this 19th day of February, 2008.



Roberta K Lee
Notary Public residing at Carade Locks, Oregon

Printed Name: Roberta K. Lee

My Commission Expires: 04/25/10

WA § 60.04.091

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PARCEL #	LEGAL
3073633011200	LOT 9 OF THE ANGEL HEIGHTS S/D #2005158873~
3073633011300	LOT 10 OF THE ANGEL HEIGHTS S/D#2005158873
3073633011500	LOT 12 OF THE ANGEL HEIGHTS S/D #2005158873
3073633011800	LOT 15 OF THE ANGEL HEIGHTS S/D#2005158873
3073633012900	LOT 26 OF THE ANGEL HEIGHTS S/D #2005158873
3073633010000	LOT 27 OF THE ANGEL HEIGHTS S/D #2005158873

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