

7. Principal amount for which the lien is claimed is: \$ 17,200.00

8. If the Claimant is the assignee of this claim so state here: Trinity Carpet Brokers Inc

Jeanette Spon
CLAIMANT representative of
Jeanette Spon Trinity Carpet
CLAIMANT'S NAME (TYPED OR PRINTED)
2640 SE Mailwell Dr.
STREET ADDRESS
Milwaukie, OH 97002
CITY STATE ZIP PHONE
503-607-2644

STATE OF WASHINGTON,

County of Clallam ss.

Jeanette Spon a representative of Trinity Carpet Brokers Inc 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.

SIGNED AND SWORN TO before me on March 10, 2008

Jill A Hartley
Notary Public for Washington

My appointment expires July 1, 2011

