AFN #2008169659 Recorded 04/21/08 at 11:57 AM DocType: LIEN Filed by: Minister & Glaeser Surveying Inc Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

2200 E. Evergree Vancouver, WA CLAIM OF Reference #(If appli Grantor(s)(Owner): Grantee(s)(Claimant Legal Description(al recorded under audit North, Range 5 East	98661	olat thereof 15, Township 1		
Minister & Glaeser	er Surveying, Inc.			
LC Construction a	Claimant vs	4		
Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this				
lien the following information is submitted:				
- 1				
1. 2.	NAME OF LIEN CLAIMANT: Minister & Glaeser Surveying, Inc. TELEPHONE NUMBER: (360) 694-3313 Address: 2200 E. Evergreen, Vancouver, WA 9866 DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFES SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOY CONTRIBUTIONS BECAME DUE: July 20, 2007	SSIONAL		
3.	NAME OF PERSON INDEBTED TO THE CLAIMANT: LC Construction Remodelers			
4.	DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED(street addred description or other information that will reasonably describe the property): Lot 1 of Eagle Peak Short Plat according to the plat thereof recorded under auditors 2006162927, records of Skamania county, WA. Located in the South half of Section 5, Towns Range 5 East, Willamette Meridian, Skamania, Washington	0500070000 file no		
5.	NAME OF THE OWNER (S) OR REPUTED OWNER (S)(If not known state "unknown"): Ovulkown TELEPHONE NUMBER: ADDRESS: OVULKOWN TELEPHONE NUMBER: ADDRESS:	vner (2)		
6.	THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR I EQUIPMENT WAS FURNISHED: 2.20.2008			
7.	PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:\$730	.00		

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8.	IF THE CLAIMANT IS THE ASSIGNEE OF T	IIS CLAIM SO STATE HERE:
		Calaria Kla Co. A. X L.
	Chi	Hant Signature /
	n d	THISTER-CLAESER SUNVEYING, INC
	CLAIMAGA	
	- University	EDMUND DENN UI
	Print	OF Type Name EVERGREEN BUD,
	Anda —	PANCOUVER Wa. 98661
		360-694-3313
	Tele	phone Number
STATEO	OF WASHINGTON	P*_
SIAILO	WASHINGTON	
	SS.	
County of	E CLAPUL	
<i></i> .		
<u>ED</u>	MUND DENNY, JE	, being sworn, says: I am the claimant (or attorney of the claimant,
or adminis	strator, representative, or agent of the trustees of an	employee benefit plan) above named; I have read or heard the foregoing me to be true and correct and that the claim of lien is not frivolous and is
made with	h reasonable cause, and is not clearly excessive und	er penalty of perjury.
	_ \ 1	
4	Signed and sworn to before me on this	day of APriz 2008
1	Signed and sworm to before the on this	day of <u>13712 300</u>
	KEVIN L. BETHJE	(1-15)
STA	NOTARY PUBLIC	1/2 / 2 = /5
	ATE OF WASHINGTON	Print Name Key D L- BETHSE
	COMMISSION EXPIRES	Notary Public in and for the State of WASH nator
	NOVEMBER 15, 2010	My appointment expires: 11-15-10
74		My appointment expires:

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.