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

-Claimant or person authorized to act on their behalf-

| ALMEGA ENTERPRISES IN | g |) | | | |
|---|--|-------------------|---------------------------|---|---|
| -CI | aimant- |) | | | |
| VS | |) | CLAIM OF 502360 | LIEN | |
| GREGORY K &/OR VICKI M SUNDOWN DEVELOPMENT | |) | 302300 | | |
| | |)))) | (| | |
| NOTICE IS HEREBY GIVEN CHAPTER 60,04 RCW | THAT THE PERSON NAMED BI | ELOW CLA | IMS A LIEN I | URSUANT TO | |
| In support to this lien, the follo- | wing information is submitted: ALMEGA ENTERPRISES INC | ┖. |) ~ | | |
| TELEPHONE NUMBER: ADDRESS: | 360.573.1711 1305 W 17 ST, VANCOUVER V | VA 98660 | | 4 | |
| SUPPLY MATERIAL OR EQUECAME DUE: | IMANT BEGAN TO PERFORM L UIPMENT OR THE DATE ON WI | | | | |
| January 18, 2008 | ED TO THE CLAIMANT: SUND | OWNI DEVI | EI ODMENIT (| CONSTRUCTIO | N |
| NAME OF PERSON INDEST DESCRIPTION OF THE PROJ 472 FLINT WY CARSON WA in SKAMANIA County, Washii | PERTY AGAINST WHICH A LIE | N IS CLAIM | EEOFMENT (| ONSTRUCTIO | 14 |
| ACCORDING TO THE PLAT SKAMANIA COUNTY AUDI | | RIBED IN | 1 | | |
| | RDS OF AND BEING IN SKAMA | NIA County | y,Washington. | | |
| NAME OF THE OWNER OR I GREGORY K &/OR VICKI M | | ELOPMEN | r construc | CTION | |
| | H LABOR WAS PERFORMED, PR MPLOYEE BENEFIT PLAN WERI | | | | |
| April 01, 2008 | | | | | |
| PRINCIPAL AMOUNT FOR V Plus lien costs in the amount of | VHICH THE LIEN IS CLAIMED I | S (\$ \$ \$ | 7285.17 275.00 0.00 |) | |
| | for a | total of: \$ | 7560.17 | *************************************** | |
| SEVEN THOUSAND FIVE H | UNDRED SIXTY AND 17/100 | | DOLLA | RS | |
| PLUS interest and attorney's fee | es | | a 1 () | Δ. | |
| IF THE CLAIMANT IS THE A | ASSIGNEE OF THIS CLAIM SO S | TATE HER | E: N 1 | 7 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Deanna F | rench | | | | |

AFN #2008170264 Page: 2 of 2

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 24 day of June, 2008.

STATE OF Washington

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 ALMEGA ENTERPRISES INC to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

OF WASHINGTON

Notary Public in and for the State of 1

My appointment expires: _____

Dated: June 24, 2008