AFN #2008170319 Recorded 07/01/08 at 12:38 PM DocType: LIEN Filed by: BUILDING BUREAU INC Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

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

MARQUEZ DRYWALL CO	)
-Claimant- vs LAWRENCE E &/OR LADONNA M KENNEDY	) ) ) ) CLAIM OF LIEN 502909
MOTION IS HEDERY SHOWN THAT WITH DEDUCATION OF	A DELONGO LING A LIEN BURGILANT

NOTICE IS HEREBY GIVEN THAT THE PERSON NAMED BELOW CLAIMS A LIEN PURSUANT TO CHAPTER 60.04 RCW

In support to this lien, the following information is submitted: NAME OF LIEN CLAIMANT: MARQUEZ DRYWALL CO

TELEPHONE NUMBER:

503,710,0717

ADDRESS:

5970 SW ERICKSON AV, BEAVERTON OR 97005

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:

March 22, 2008

NAME OF PERSON INDEBTED TO THE CLAIMANT: LAWRENCE KENNEDY DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

41 NORUSH RD WASHOUGAL WA in SKAMANIA County, Washington.

PARCEL 02053110020300, LOT 3, SHORT PLAT 3-322, SECTION 31,

TOWNSHIP 2 NORTH, RANGE 5 EAST, OF THE MERIDIAN, MORE FULLY

DESCRIBED IN SKAMANIA COUNTY AUDITORS FILE # 193/771.

ACCORDING TO THE RECORDS OF AND BEING IN SKAMANIA County, Washington.

NAME OF THE OWNER OR REPUTED OWNER LAWRENCE E &/OR LADONNA M KENNEDY

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:

April 03, 2008

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 1704.00 )
Plus lien costs in the amount of \$ 300.00 \$ 0.00

for a total of: \$ 2004.00

TWO THOUSAND FOUR AND NO/100------ DOLLARS

PLUS interest and attorney's fees

IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:

NIA

Deanna French

<sup>-</sup>Claimant or person authorized to act on their behalf-

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## 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 30 day of June, 2008.

STATE OF Washington
County of County of

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 MARQUEZ DRYWALL CO to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

STATE OF WASHINGTON

Notary Public in and for the State of

My appointment expires:

Dated: June 30, 2008