

-Claimant or person authorized to act on their behalf-

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 9 day of October, 2008.

STATE OF Washington
County of Cowlitz

} 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 LIMITE AGENT of C & B INC to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.



Dana D DeKalb
Notary Public in and for the State of WA
My appointment expires: 5-7-12
Dated: October 09, 2008

UNOFFICIAL COPY