

After recording, return to (Name, Address, Zip):

Oldcastle Precast, Inc

PO Box 323

Wilsonville, Oregon 97070

### CLAIM OF LIEN

Grantor (Name of person indebted to Claimant): KEK, LLC

Grantee (Claimant): Oldcastle Precast, Inc.

Abbreviated Legal Description: SE 1/4, SCE 1, T3N, R7 1/2 E (The full legal descrip. is attached on Exhibit A)

Assessor's Property Tax Parcel or Account No: Parcel 03750100140100

Reference No(s) of Related Documents: File #2007 168 274

Oldcastle Precast, Inc.

PO Box 323, Wilsonville, OR 97070

Claimant,

vs. KEK, LLC

PO Box 1215, White Salmon, WA 98672

Name of person indebted to Claimant..

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

1. Name of Lien Claimant: Oldcastle Precast, Inc.  
Telephone Number: (503) 682-2844 Address: PO Box 323, Wilsonville, Oregon 97070
2. 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: December 3, 2008
3. Name of person indebted to the Claimant: KEK, LLC
4. Description of the property against which a lien is claimed (Street address, legal description or other information that will reasonably describe the property): 4901 Wind River Road, Carson, Washington 98610  
Skamania County
5. Name of the owner or reputed owner (If not known state "unknown"): KEK, LLC
6. The last date on which labor was performed; professional services were furnished; or contributions to an employee benefit plan were due; or material or equipment was furnished: December 3, 2008

(OVER)



Form No. 90 - Claim of Lien

ES

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7. Principal amount for which the lien is claimed is: \$12,876.00 Including doc. prep. & recording fees

8. If the Claimant is the assignee of this claim so state here: \_\_\_\_\_

*John M Hart*

CLAIMANT

John M. Hart

CLAIMANT'S NAME (TYPED OR PRINTED)

PO Box 323

STREET ADDRESS

Wilsonville, OR 97070 (503) 682-2844

CITY

STATE

ZIP

PHONE

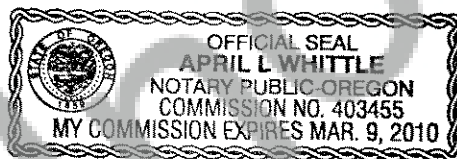
OREGON  
STATE OF ~~WASHINGTON~~

County of Clackamas } ss.

John M. Hart

, 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 2, 2009



*April L. Whittle*  
Notary Public for Washington

My appointment expires March 9, 2010

## EXHIBIT 'A'

A parcel of land located in the Southeast quarter of Section 1, Township 3 North, Range 7½ East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Commencing at the Southeast corner of said Section 1; thence Northerly along the Section line to its intersection with the Southwesterly line of the Wind River Highway; thence Northwesterly along the Southwesterly line of said Highway 450 feet; thence South parallel with the East line of said Section 1 to a point which is 168.66 feet North of the North line of the Southeast quarter of the Southeast quarter of said Section 1; thence West on a line parallel with and 168.66 feet North of the North line of said Southeast quarter of the Southeast quarter to the West line of the East half of the Southeast quarter of Section 1; thence South along said West line to the South line of said Section 1; thence East along said South line to the point of beginning.

Skamania County Assessor

Date 11/14/07 Parcel 03250/00/40/00

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