AFN #2009174149 Recorded 10/26/09 at 08:08 AM DocType: LIEN Filed by: BUILDING BUREAU INC Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

Return Address BUILDING BUREAU, INC. 323 Washington St. Suite B WOODLAND, WA 98674

L & S CONTRACTORS)
-Claimant- vs	CLAIM OF LIEN 521612
C & C PINE CREEK LLC	(
COUGAR CONSTRUCTION/MARK COLVILLE	
	, \

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: L & S CONTRACTORS

TELEPHONE NUMBER:

360 686 3827

ADDRESS:

22405 NE WH GARNER RD, YACOLT WA 98675

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:

November 04, 2008

NAME OF PERSON INDEBTED TO THE CLAIMANT: MARK COLVILLE/COUGAR CONSTRUCTION DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

142 LODGEPOLE LN SKAMANIA WA

in SKAMANIA County, Washington.

PARCEL 07062310060300, LOT 3, THE PINE TREE SHORT PLAT

#2005159232, SECTION 23, TOWNSHIP 7 NORTH, RANGE 6 EAST, OF

THE WILLAMETTE MERIDIAN, MORE FULLY DESCRIBED IN SKAMANIA

COUNTY AUDITORS FILE # 2008-170865.

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

NAME OF THE OWNER OR REPUTED OWNER

C & C PINE CREEK LLC

; COUGAR CONSTRUCTION/MARK COLVILLE

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:

July 29, 2009

PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS (\$ 5178.80)
Plus lien costs in the amount of \$ 300.00
INTEREST/LATE FEES \$ 156.53

for a total of: \$ 5635.33

FIVE THOUSAND SIX HUNDRED THIRTY FIVE AND 33/100----- DOLLARS

PLUS interest and attorney's fees

HANNA

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

AIO

⁻Claimant or person authorized to act on their behalf-

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STATE OF WASHINGTON
County of Clark County 1

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 22 day of October, 2009.

STATE OF Wishington

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 L & S CONTRACTORS to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Notary Public in and for the State of My appointment expires:

Dated: October 22, 2009