

Return Address:
RoHillCo Business Services, LLC
15450 SW Boones Ferry Rd. #9-500
Lake Oswego, OR 97035

Claim of Lien

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)
Reference # (If applicable): NA
Grantor(s) (Owner): (1) Emerald Hat Inc. (2)
Grantee(s) (Claimants): (1) Davidson Remodeling Inc. Add'l on pg ____
Legal Description (abbreviated): Southwest quarter of section 24, township 7 north, range 6 east Tax lot 103
Assessor's Property Tax Parcel/Account # 07062400010300, Skamania County

Davidson Remodeling Inc.
27944 Snowberry Lane
Boring, OR 97009

Claimant >

Vs.

Mohammed Hawana
15400 Bobwhite Circle
Beaverton, OR 97007

>

Name of person indebted to Claimant >

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Davidson Remodeling, Inc.
TELEPHONE NUMBER: (503)-460-7330
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: June 13, 2010.
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Mohammed Hawana.

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 51 Phyllis Ann Block Court, Cougar, in the county of Skamania. Legally described as (See Exhibit A), Assessor parcel number 07062400010300.
5. NAME OF THE OWNER OR REPUTED OWNER (if not know state "unknown"): Emerald Hat, Inc. – 15400 Bobwhite Circle, Beaverton, OR 97007.
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICE WERE FURNISHED: CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: July 12, 2010.
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 13,486.00 including document preparation and recording fees and Sales Tax.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: NA

X *[Signature]*
 (Claimant)

By: Michael D. Hillier, Managing Member of RoHillCo Business Solutions, LLC Acting as Agent for Davidson Remodeling, Inc., Claimant.

STATE OF OREGON >
 >
 County of Clackamas >

Michael D. Hillier, being sworn, says: I am Managing Member of RoHillCo Business Solutions, LLC acting as Agent for 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.

X *[Signature]*
 By: Michael D. Hillier, Agent

On this 2nd day of September 2010, before me personally Appeared Michael D. Hillier, to me known to be the Managing Member of RoHillCo Business Solutions, LLC of the Limited Liability Corporation that executed the within and foregoing instrument, and Acknowledged said instrument to be the free and voluntary act and deed of said Limited Liability Corporation, for the uses and purposes therein mentioned, and on oath stated that he was authorized to execute said instrument.

In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.



[Signature]
 Print Name: RACHELLE ALDRICH
 Notary Public in and for the State of Oregon
 My appointment expires: September 26, 2013

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVED BY LAW.