

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): 267412		
Grantor(s) (Owner): (1) Grapevine Associates Inc. (2) Gray, Jane		
Grantee(s) (Claimants): (1) Precision Truss & Lumber, Inc.		Add'l on pg ____
Legal Description (abbreviated): Lot 3 Crego-Fest SP BK 3/PG 74 NOC#2007168581		
Assessor's Property Tax Parcel/ Account# 03101900070000, Skamania County		

Precision Truss & Lumber Inc.
11550 SE Jennifer Street
Clackamas, OR 97030

Claimant >

vs. >
>

Ira Martin
P.O. 441
Lyle, WA 98635


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: Precision Truss & Lumber, Inc.
TELEPHONE NUMBER: (503) 656-2983
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: April 16, 2013
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Ira Martin.
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):


112 Kollock-Knapp Road, Underwood, , County of Skamania, Legally described as Lot 3
Crego-Fest SP BK 3/PG 74 NOC#2007168581, Parcel number 03101900070000.

- 5. NAME OF THE OWNER OR REPUTED OWNER (if not know state "unknown"):
Grapevine Associates Inc. – Jane Gray CPA – P.O. Box 1777, White Salmon WA 98672-1777.
- 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: April 16, 2013.
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 8,746.06 Including Interest and Fees.
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A

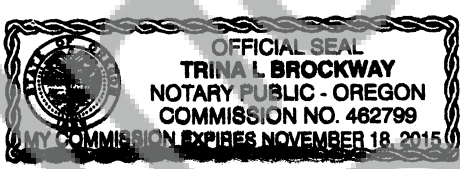
X 
(Claimant)
By: Tom Martin
Precision Truss & Lumber, Inc.
11550 SE Jennifer Street
Clackamas, OR 97015


STATE OF OREGON >
>
County of Clackamas >

I, Tom Martin, 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.

X 
By: Tom Martin, Sales Manager

Signed and sworn to before me on this 3 day of July _____, 2013




Print Name: Trina L. Brockway
Notary Public in and for the State of Oregon
My appointment expires: November 18, 2015

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.