

Return Address:

Janet Gustafson  
531 Dobbins Rd  
Washougal, WA 98671

<i>Document Title(s) or transactions contained herein:</i> A & B Rock Distributors, LLC - Harvey Erickson Lease extension confirmation	
<i>GRANTOR(S) (Last name, first name, middle initial)</i> ERICKSON, Harvey	
<input type="checkbox"/> Additional names on page _____ of document.	
<i>GRANTEE(S) (Last name, first name, middle initial)</i> A & B Rock Distributors, LLC	
<input type="checkbox"/> Additional names on page _____ of document.	
<i>LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)</i> E 2 NW 4 Sect 27 T2N R5E WM	
<input type="checkbox"/> Complete legal on page _____ of document.	
<i>REFERENCE NUMBER(S) of Documents assigned or released:</i> 2006160304	
<input type="checkbox"/> Additional numbers on page _____ of document.	
<i>ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER</i> 02 05-27-0-0-1100-00	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	



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111 SW 5<sup>th</sup> Avenue, Suite 4300

Portland, OR 97204

P: 503.227.2424 F: 503.227.2535

July 31, 2015

Daniel Gustafson  
531 Dobbins Road  
Washougal, WA 98671

Re: A&B Rock Distributors LLC / Harvey Erickson

Dear Mr. Gustafson:

Pursuant to your request, enclosed please find a copy of correspondence dated February 20, 2012 to Harvey Erickson, with a copy of the registered mail receipt attached.

If you need anything additional, please let us know.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Anne Cohen', is written over a large, light gray 'Unofficial Copy' watermark.

Anne Cohen

/sr  
Enclosures



SMITH FREED & EBERHARD P.C.

ATTORNEYS AT LAW

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Portland, OR 97204

P: 503.227.2424 F: 503.227.2535

February 20, 2012

4408ml

**VIA REGISTERED MAIL,  
RETURN RECEIPT REQUESTED**

Harvey Erickson  
c/o Paula T. Olson  
Law Office of Paula T. Olson  
4534 S Pine St  
Tacoma, WA 98409-6527

Re: A&B Rock Distributors LLC – Harvey Erickson  
**LEASE EXTENSION**

Dear Mr. Erickson:

Pursuant to Section II of the Rock Mining Lease entered into between you and A&B Rock Distributors LLC on March 31, 2002, this letter provides formal notice that A&B Rock Distributors, LLC hereby extends the term of the Lease for an additional 10 years, beginning on March 31, 2012.

Very truly yours,

Anne Cohen

AC/cjf

Portland, Oregon ♦ Seattle, Washington

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Harvey Erickson          c/o Paula T. Olson          Law Office of Paula Olson          4534 S. Pine St.          Tacoma, WA 98409-6527</p>		<p>B. Received by (Printed Name)          Nikki Dounce</p> <p>C. Date of Delivery          2-23-12</p>	
<p>2. Article Number          (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
<p>RE 734 051 045 US</p>		<p>102595-02-M-1540</p>	

Registered No. RE734051045US		Date Stamp		
Reg. Fee	\$10.95	0004		
Handling Charge	\$0.00	Return Receipt		\$2.35
Postage	\$0.65	Restricted Delivery		\$0.00
Received by				
Customer Must Declare Full Value \$0.00		Domestic insurance up to \$500 based upon the declared value. International Indemnity is limited. (See Reverse)		
<p>97240</p> <p>FROM: Smith Fred          1115 N 5th Ave #4300          Portland OR 97204</p>		<p>TO: Tacoma, WA 98409          Harvey Erickson c/o Paula T Olson          4534 S. Pine St.          Tacoma, WA 98409</p>		

PS Form 3806, May 2007 (7530-02-000-9051)  
**Receipt for Registered Mail**  
 Copy 1 - Customer  
 (See Information on Reverse)  
 For domestic delivery information, visit our website at [www.usps.com](http://www.usps.com)