

Return Address:
RoHillCo Business Services, LLC
P.O. Box 7107
Bend, OR 97708-7107
541-639-8949

Claim of Lien

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97:
Reference # (If applicable): NA Probuild ref # 606 610 655369
Grantor(s) (Owner): (1) Hung, Ming (2) Hung, Faye
Grantee(s) (Claimants): (1) Probuild Company LLC dba Builders Firstsource Add'l on pg ____
Legal Description (abbreviated) Chinidere Phase I, Lot 9, Block 1, Skamania County APN 03753630120900

Probuild Company LLC dba Builders Firstsource
5519 20th Street E
Tacoma, WA 98424 Claimant >

Vs.

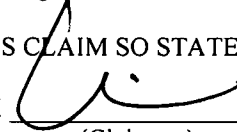
Harbour Bay Homes Re Services LLC
P.O. Box 870866
Vancouver, WA 98687

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: Probuild Company LLC dba Builders Firstsource
TELEPHONE NUMBER: (253)-719-0506
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: November 7, 2018.
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Harbour Bay Homes Re Services.
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: 326 NE Lower Basso Circle, Stevenson, in the county of Skamania. Legally Described as Chinidere Phase I, Lot 9, Block 1 Skamania County APN 03753630120900.
5. NAME OF THE OWNER OR REPUTED OWNER (if not know state "unknown"): Ming Hung and Faye Hung – 2323 SW Park Place #804, Portland OR 97205-1039.


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: August 21, 2019.
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$21,598.39 including document preparation and recording fees, finance charge and Sales Tax.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: NA

X 
(Claimant)

By: Kevin L. Hillier, Authorized Representative of RoHillCo Business Solutions, LLC Acting as Agent for Probuild Company LLC dba Builders Firstsource, Claimant

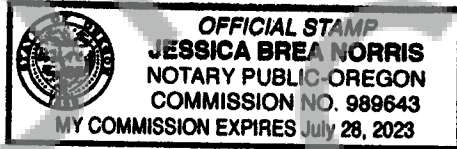
STATE OF OREGON >
>
County of Deschutes >

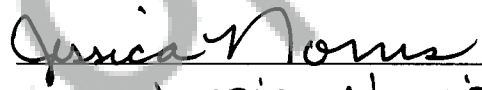
Kevin L. Hillier, being sworn, says: I am Authorized Representative of RoHillCo Business Solutions, LLC acting as Agent for the Claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing 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 
By: Kevin L. Hillier, Agent for Probuild Company LLC dba Builders Firstsource

On this 19th day of November 2019, before me personally Appeared Kevin L. Hillier, to me known to be the Authorized Representative 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.




Print Name: Jessica Norris
Notary Public in and for the State of Oregon
My appointment expires: 7-28-23

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.