Skamania County, WA Total: \$204.50 Pgs=2

LIEN

2022-001859 09/12/2022 07:38 AM

Request of: NORTHWEST LIEN SERVICES, LLC

eRecorded by: Simplifile

AFTER RECORDING RETURN TO:

NORTHWEST LIEN SERVICES, LLC 24447 234TH WAY SE MAPLE VALLEY, WA 98038

CLAIM OF LIEN

DRYTIME RESTORATION, LLC Claimant.

VS

GOLD RIBBON CONSTRUCTION (Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to Chapter 60.04 RCW. In support of this lien the following information is submitted:

1. Name of claimant: DRYTIME RESTORATION, LLC Telephone Number: 360-952-3807 Address: PO BOX 821696, VANCOUVER, WA 98674

- 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 7, 2022
- 3. Name of person indebted to the Claimant: GOLD RIBBON CONSTRUCTION, 771 STONE DR., WASHOUGAL, WASHINGTON 98671
- 4. Description of the property against which a lien is claimed:
 Address: 21 MALFAIT TRACTS RD, WASHOUGAL, WA 98671-7820
 Legal Description: LOT 16 & APRX? LOT 17 MALFAIT RIVER FRONT TRACTS
 BK A/PG 123 CENSUS TRACT: 9502.00 BLOCK 1 TOWNSHIP 02 RANGE 05
 SECTION 31, DESCRIBED AS FOLLOWS: SKAMANIA County Assessor's Tax
 Parcel # 02053143020000
- 5. Name of owner or reputed owner (if not known state "unknown"): MARY ELLEN GRODE, 21 MALFAIT TRACTS RD, WASHOUGAL, WA 98671-7820
- 6. The last day Contributions to an employee benefit plan were due on material, or equipment was furnished: JUNE 10, 2022
- 7. Principal amount for which the lien is claimed: \$10,582.95 plus applicable lien fees &/or attorney's fees, &/or interest.
- 8. If the Claimant is the assignee of this claim so state here: N/A

Northwest Lien Services LLC

It's Authorized Representative/Employee,

As Authorized agent of DRYTIME RESTORATION, LLC

Ken Martin

PO BOX 821696, VANCOUVER, WA 98674

360-952-3807

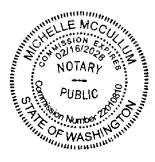
STATE OF WASHINGTON)
)ss

COUNTY OF KING)

KEN MARTIN, being sworn, says: I am an authorized representative/employee of the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

Ken Martin

Subscribed and sworn to before me this 9^{TH} day of SEPTEMBER, 2022



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PRINTED NAME: MICHELLE MCCULLUM

NOTARY PUBLIC

In and for the State of Washington. My commission expires: 2/16/2026

STATE OF WASHINGTON)ss COUNTY OF KING)

On this 9TH day of SEPTEMBER 2022, before me personally appeared KEN MARTIN, to me known to be the (president, vice president, secretary, treasurer, or other authorized officer or agent, as the case may be) of Northwest Lien Service, LLC, a Washington Limited Liability Company, that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said Company, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument and that the seal affixed is the corporate seal of said Company.

In Witness Whereof I have hereunto set my hand and affixed my official seal the

day and year first above written.

PRINTED NAME: MICHELLE MCCULLUM NOTARY PUBLIC

In and for the State of Washington My commission expires: 2/16/2026

Order #22-0427 Dated: 9/8/2022