

Skamania County, WA
Total: \$204.50 Pgs=2
LIEN
Request of: ROHILLCO BUSINESS SERVICES LLC
eRecorded by: Simplifile

2023-000299

03/08/2023 07:53 AM

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

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): Lien Vs. Aspen Development

Grantor(s) (Owner):(1) Aspen Development LLC

Grantee(s) (Claimants): Michael Green Construction Inc.

Legal Description (abbreviated): Chinidere Future Phase 2 Lot 1

Assessor's Property Tax Parcel/Account #03753630120000, Skamania County

Michael Green Construction Inc.
P.O. Box 142
Washougal, WA 98671

Claimant >

Vs.

Aspen Development LLC
150 Lombard Street #1
San Francisco CA 94111-1169

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: Michael Green Construction Inc.. 360-817-9948.
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: 12/13/2022.
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: (1) Aspen Development.
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED: Parcel 03753630120000, Stevenson WA in the county of Skamania. Legally described Chinidere Future Phase 2 Lot 1. Parcel# 03753630120000 in Skamania County.
5. NAME OF THE OWNER OR REPUTED OWNER:
(1) Aspen Development LLC
150 Lombard Street #1
San Francisco CA 94111-1169

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: 12/13/2022.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$53,467.33, Including Sales Tax, Lien fees and finance charges.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: NA

X [Signature]
By: Michael Green; Authorized Representative for Michael Green Construction Inc.,
Claimant

STATE OF WA >

County of Clark >

Michael Green, being sworn, says: I am Authorized Representative 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 Green, Authorized Representative for Michael Green
Construction Inc., Claimant

Signed and sworn to before me:
On this 2 day of March 20 23, before me personally

Kristin Lund
Print Name:
Notary Public in and for the State of
Washington
My appointment expires: 5/9/2026

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.

RoHillco File number: 967630

