

AFTER RECORDING RETURN TO:

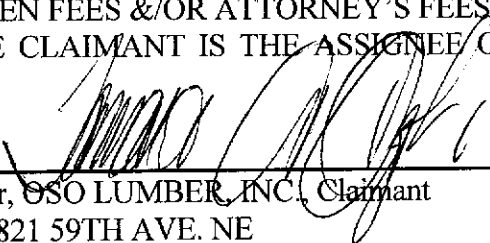
LIEN RESEARCH CORP.
P. O. BOX 3409
ARLINGTON, WA. 98223

CLAIM OF LIEN

OSO LUMBER, INC.
Claimant.
VS
HANSELL MITZEL
(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:

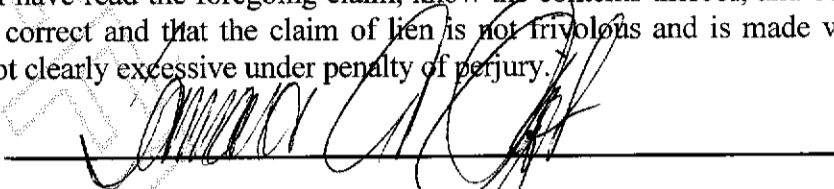
1. NAME OF LIEN CLAIMANT: OSO LUMBER, INC.
TELEPHONE NUMBER: (360) 925-4000
ADDRESS: 17821 59TH AVE. NE, ARLINGTON, WA. 98223
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: JULY 30, 2008
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: HANSELL MITZEL, P.O. BOX 2523, MOUNT VERNON, WA. 98273
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: UNIT A, 2519 RIVER VISTA CT, MOUNT VERNON, WA.
LEGAL DESCRIPTION: UNIT 39-A, OF SECOND AMENDMENT TO SURVEY MAP AND PLANS FOR NORTH HILL TOWNHOMES, A CONDOMINIUM, RECORDED UNDER AUDITOR'S FILE NO. 200812310105, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF LOT 28 OF THE PLAT OF "NORTH HILL PUD" APPROVED APRIL 28, 2005 AND RECORDED MAY 5, 2005 UNDER AUDITOR'S FILE NO. 200505050094, BEING A PORTION OF THE SOUTHWEST QUARTER OF SECTION 9, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P128237
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
HANSELL MITZEL LLC, P.O. BOX 2523, MOUNT VERNON, WA. 98273
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED; PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE OR MATERIAL, OR EQUIPMENT WAS FURNISHED: NOVEMBER 25, 2008
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$4,340.17 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.



For, OSO LUMBER, INC., Claimant
17821 59TH AVE. NE
ARLINGTON, WA. 98223
(360) 925-4000
(Phone Number, Address, City/State of Claimant)


STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

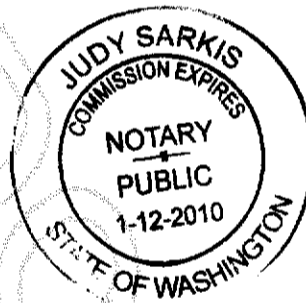
TAMARA A OQUIST, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.



On this day personally appeared before me, TAMARA A OQUIST, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 18 day of February, 2009


PRINTED NAME: JUDY SARKIS
NOTARY PUBLIC
in and for the State of Washington.
Residing in: STANWOOD
My commission expires: 1/12/2010



Order #09-020246, dated: 2/17/2009