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FORM E (RCW 60.04.091)

[Name of Claimant])	
The state of the s)	
Claimant,)	CLAIM OF LIEN
MONTBORNE HEIGHTS)	
HOMEOWNERS ASSOCIATION)	

Notice is hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. In support of this lien the following information is submitted:

1 MONTBORNE HEIGHTS HOMEOWNERS ASSOCIATION

(Name of Claimant)
360-422-5173 or 360-422-5788

(Telephone Number)
P.O. BOX 3562, MOUNT VERNON, WA 98273

(Address of Claimant)

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:

Nonpayment of dues for the year 2007. In respect to Bylaws, Article III, Paragraph 3.15(a), Amendment #5.

- 3. Name of person indebted to the claimant: JORGE AYALA and GLORIA CERNA
- 4. Description of the property against which a lien is claimed:

Parcel # Pl03871, Legal Address: Montborne PTN Lts 1-18 BLK 27
Mailing Address: 18137 State Route 9, Mount Vernon, WA 98274

5.	Salar S	Nam	e of the o	wner or	reputed o	owner:
			ce Aval			

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:

Non responsive to enquiries. Annual dues due January, 2007

7. Principal amount for which the lien is claimed is:

\$100.00 (One hundred dollars) plus incurred fees.

8. If the claimant is the assignee of this claim so state here:

N/A

9. If the claimant extended credit on the amount being liened, state the terms of such credit here:

N/A

(Company Name)

By:

Its:

(Address and Telephone Number)

STATE OF WASHINGTON))ss.
COUNTY OF ____)



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ARIENE C. BARTER, being sworn, says: I am 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	ale Bate					
Subscribed and sworn to before me	this Aday of NOVember, 2007					
	Shownonhootenan					
STARKE TO BE TO SELECT THE SELECT	Printed Name: Shannon Notenboom NOTARY PUBLIC in and for the State					
	of Washington, residing at: Selfo WOLLEY My commission expires: D8/20/2010					