

PARTIAL WAIVER OF LIEN TO DATE

STATE OF state where signing)ss. JOB/PO #: Immel Job #
 COUNTY OF county where signing) JOB NAME: Job Name
Job Location

TO WHOM IT MAY CONCERN:
 WHEREAS the undersigned has been employed by Howard Immel, Inc. to furnish Describe work performed/supplied
 for the premises known as Job Name & Location of which Job Owner Name, is the owner.

The undersigned, for and in consideration of spell out in words the amount requested for this payment less retainage
 (\$Numerical amount requested less retainage) Dollars and other good and valuable considerations, the receipt whereof is hereby
 acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of name of
state where for completed, relating to mechanic's liens, with respect to and on said above-described premises, and the improvements
 thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to
 become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the
 undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE: date signing the form COMPANY NAME: HII Subcontractor/Supplier Name
 ADDRESS: HII Subcontractor/Supplier Address
HII Subcontractor/Supplier Address

OFFICER SIGNATURE AND TITLE Name and Title

*EXTRAS ARE LIMITED TO APPROVED WRITTEN CHANGE ORDERS TO THE CONTRACT.

CONTRACTOR'S AFFIDAVIT

STATE OF state where signing)ss
 COUNTY OF county where signing)

TO WHOM IT MAY CONCERN:
 THE UNDERSIGNED, name of person signing this form BEING DULY SWORN, DEPOSES AND SAYS THAT HE/SHE
 IS signer's title with company OF your company name WHO IS THE CONTRACTOR FURNISHING list
what is being supplied WORK ON THE PROJECT LOCATED AT Job Name/Address
 OWNED BY Job Owner Name.

That the total amount of the contract including extras* is \$_____ on which he or she has received payment of
 \$_____ prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that
 there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all
 parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific
 portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the
 items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES & ADDRESSES	WHAT FOR	CONTRACT	APPROVED CHANGE ORDERS	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
<u>HII Subcontractor/Supplier</u>	<u>Scope of Work</u>	<u>Base Contract Amount</u>	<u>Amount of approved c/o's</u>	<u>Amount from prev. request</u>	<u>Amount of the current payment</u>	<u>Balance</u>
<u>HII Subcontractor/Supplier's subcontractor/supplier, if applicable</u>	<u>Scope of Work</u>	<u>Base Contract Amount</u>	<u>Amount of approved c/o's</u>	<u>Amount from prev. request</u>	<u>Amount of the current payment</u>	<u>Balance</u>
<u>HII Subcontractor/Supplier's subcontractor/supplier, if applicable</u>	<u>Scope of Work</u>	<u>Base Contract Amount</u>	<u>Amount of approved c/o's</u>	<u>Amount from prev. request</u>	<u>Amount of the current payment</u>	<u>Balance</u>
<u>HII Subcontractor/Supplier's subcontractor/supplier, if applicable</u>	<u>Scope of Work</u>	<u>Base Contract Amount</u>	<u>Amount of approved c/o's</u>	<u>Amount from prev. request</u>	<u>Amount of the current payment</u>	<u>Balance</u>
TOTAL LABOR & MATERIAL INCL.	<u>EXTRAS TO COMPLETE</u>	<u>Total Base Contract Amount</u>	<u>Total approved c/o's</u>	<u>Total of previous requests</u>	<u>Total of current payment</u>	<u>Total Remaining Balance</u>

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE Date signing OFFICER SIGNATURE Signature of person listed above

SUBSCRIBED AND SWORN TO BEFORE ME THIS date DAY OF month, year year

*EXTRAS ARE LIMITED TO APPROVED WRITTEN CHANGE ORDERS, TO THE CONTRACT. NOTARY SIGNATURE Notary Signature
 My Commission Expires: Date of expiration

+++Notary Stamp or Seal+++ NOTARY PUBLIC