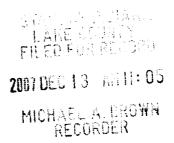
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Above Space Reserved for Recording
[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

	tument: DECEMBER 13, 2007
Reference Num	ber of Any Related Documents:
Lienholder: Name Street Address	ASPHALT SERVICE CONTRACTORS, INC. 606 W AVENUE H GRIFFITH, INDIANA 46319 A
City/State/Zip Property Owne Name	This Document is the property of the Lake County Recorder! JEFF S. CONTI / HOME STYLE BUILDERS, INC.
Street Address City/State/Zip	GRIFFITH, INDIANA 46319
Abbreviated Lecondo name):	GUIL FOYLE'S FIRST ADDITION SEE LEGAL DESCRIPTION ATTACHED "SEE LEGAL DESCRIPTION ATTACHED"
Assessor's Pro	perty Tax Parcel/Account Number(s):
County of:	INDIANA MANALUM
/1: - m = x \	duly sworn says that he/she is (the Lienor herein) (the agent of the Lienor herein) whose address is and that in the CRIFF TH, INDIANA (Debter) lienor

OH THE IONOVVII IO DESCO	ibed real property in	LAKE	£	_ County, State of
INDIA	ibed real property in	(Describe real property suff	iciently for ident	fication, including
street and number):	GUILFOYLE'S	FIRST ADDITE	40	
	" SEE LEGAL D	ESCRIPTION ATT	PACHED'	
				owned
by JEFF S. CON	NTI/HOMESTYLE BI	LILATES, INC.		OT a
total value of Hunca	THOMESTYCE IN THOUSAND EIGHT HE ITEMS ON	Dollars (\$ 11 865,000)) != 00	bas /
remains unpaid	YTY FIVE TOOMS	Dollars (\$	and the	ast of the items on
furnished the first of tr	ne items on, 20 <u>o 7</u> , and (if	the lien is claimed by one no	t in privity with t	nast of the Items on
lianar carried his ar ha	er notice to Owner on	ine herr is clarified by one no	Chi privity with t	20.07
	SERVICE			
(method of service).	SCIEDICE			
(method of service).				
And (if required) that	the lienor served copies of the	notice on the contract on		
on the subcontractor (on	20 by		,,
(mathod of farvice) ar	nd (if known) on the lender, on			, 20 ,
by A	THE CHIEF OF THE PETITION OF			method of service).
Signed this Lienor: ASPHA By (officer or Agent):	LT SERVICE CO	FFICIALL DER ACTORS T at is the property ounty Recorder!	of	
	BURIO			
State of: County of:				
County of:P	+KE	e me Boune I Se	ASSEVILL	.E
On 12-13 appeared 645 to me on the basis of instrument and acknowledges	f satisfactory evidence) to be the owledged to me that he/she/their signature(s) on the instrument	ne person(s) whose name(s) is ev executed the same in his/h	personally know are subscribed her/their authoriz	vn to me (or proved to the within ted capacity(ies),
County of: On	f satisfactory evidence) to be the owledged to me that he/she/their signature(s) on the instrument.	ne person(s) whose name(s) is ey executed the same in his/hent the person(s), or the enti-	personally know lare subscribed ner/their authoriz ty upon behalf o	on to me (or proved to the within ed capacity(ies), f which the
On 12-13 appeared 6us to me on the basis of instrument and acknowled and that by his/her/th person(s) acted, executive for the content of the	f satisfactory evidence) to be the owledged to me that he/she/their signature(s) on the instrument.	"I AFFIRM, U PERJURY, TH ABLE CARE SECURITY NI	personally know /are subscribed ner/their authorize ty upon behalf of NDER THE PEN HAT I HAVE TAKI TO REDACT EN JIMBER IN THIS	on to me (or proved to the within ed capacity(ies), which the ALTIES FOR EN REASON- ACH SOCIAL DOCUMENT.
County of: On 12-13 appeared Gus to me on the basis of instrument and acknown and that by his/her/th person(s) acted, executive witness my hand and Signature of Notary	f satisfactory evidence) to be the owledged to me that he/she/the neir signature(s) on the instrument that official seal.	"I AFFIRM, U PERJURY, TH ABLE CARE SECURITY NI	personally know /are subscribed ner/their authorize ty upon behalf of NDER THE PEN HAT I HAVE TAKI TO REDACT EN JIMBER IN THIS	on to me (or proved to the within ed capacity(ies), which the ALTIES FOR EN REASON- ACH SOCIAL DOCUMENT.
County of: On 12-13 appeared 6us to me on the basis of instrument and acknown and that by his/her/th person(s) acted, executive WITNESS my hand and Mornice of the second	f satisfactory evidence) to be the owledged to me that he/she/the neir signature(s) on the instrument. Indicate the instrument.	"I AFFIRM, U PERJURY, TH ABLE CARE SECURITY NI	personally know /are subscribed ner/their authorize ty upon behalf of NDER THE PEN HAT I HAVE TAKI TO REDACT E	on to me (or proved to the within ed capacity(ies), which the ALTIES FOR EN REASON- ACH SOCIAL DOCUMENT.

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