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NOTICE OF INTENTION TO FILE A MECHANIC'S LIEN (Sub or Supplier)
(This is not a Mechanic's Lien, nor a reflection on the credit of any contractor)

Via Certified Mail

TO OWNER:	TO GENERAL CONTRACTOR:
<u>St. Mary Medical Center Campus Community</u> (name(s))	<u>Walsh Construction</u> (name(s))
<u>901 Mac Arthur Suite 606 Blvd.</u> (address--no. and street)	<u>929 West Adams Street</u> (address--no. and street)
<u>Munster Indiana 46321</u> (address--city, state, zip)	<u>Chicago, Illinois 60607</u> (address--city, state, zip)

FROM LIEN CLAIMANT:	CLAIMANT HAS A CONTRACT WITH:	2010 074213
<u>Kropp Equipment Inc</u> (individual/company name)	<u>Perrotta Interiors Inc.</u> (name(s))	
<u>1020 S Kennedy Ave</u> (address--no. and street)	<u>3982 Van Buren Street</u> (address--no. and street)	
<u>Schererville, In 46375</u> (address--city, state, zip)	<u>Gary Indiana 46408</u> (address--city, state, zip)	
<u>219-865-3585/219-865-3333 ex 1106</u> (fax/phone)		

Please take notice that the undersigned lien claimant intends to file a Mechanic's Lien against the owner's property if payment is not made for moneys owed as follows:

PROJECT NAME:
St. Mary's Hospital

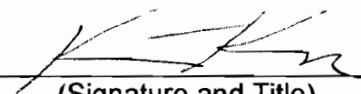
PROPERTY SUBJECT TO THE LIEN (common street address or other description):
1500 S Lake Park Ave Hobart, In 46342

(1) General description of construction services furnished by Lien Claimant:
Rental Equipment

(2) Amount due: Through 11/08/10 (date) is \$ 4514.87 after just credits (total performed, with extras of \$ _____, less payments of \$ 7461.74). Unpaid invoice(s) attached. Attorney's fees and court costs will also be requested.

The above-described work was provided to the property, at the instance of the general contractor, by the Claimant. If payment is not made within ten days (10) of receipt of this demand, Claimant intends to file a Mechanic's Lien, without further notice. If you have any questions or wish to make payment arrangements, please call immediately to discuss.

Dated: 12/14/10


(Signature and Title)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 DEC 15 PM 2:47
MICHELE JIMAN

\$ 20
CK# 12212
CIA
NON CONF
1Ref

NOTARY

STATE OF INDIANA

COUNTY OF LaPorte)SS

Before me, a Notary Public, personally appeared (name and title):

JUST FORGIP VICE PRESIDENT

of the Claimant, and acting for and on its behalf, and he/she being first duly sworn by me upon his/her oath and before me and subscribed in my presence, acknowledged the execution of the foregoing Notice to Owner of Personal Liability, and further stated that the facts and matters therein set forth are true and correct, and executed the same.

Witness my hand and Notarial Seal on this date: 10-11-10

Michelle Picaud
Notary Public, Signature

Michelle Picaud
Printed Name

My Commission Expires: 12-29-10

My County of Residence: LaPorte

