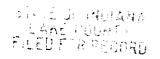
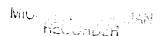
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SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD MECHANIC'S LIEN

GRANTEE: Builders Fair, Inc.

22 Summer Hill Dr. Dyer, IN. 46311

and all others concerned.

YOU ARE HEREBY NOTIFIED that I (we) intend to hold a mechanic's lien on the following described real estate:

Lot 33 Lohman Manor as recorded in the Office of the Assessor of Lake County Indiana. As Property # 45-07-23-379-013.000-006

Commonly know as: 1732 N. Indiana St., Griffith, Indiana

Together with all of the improvements there on the amount claimed by lie nor for which he holds the above named persons liable is \$5,759.56 (Five thousand seven hundred and fifty nine dollars 56/00) and is for work done and/or materials furnished by leinor for the improvement of the above described real estate within the last sixty (60) days. The undersigned individually executing this instrument, having been duly sworn upon his oath, under the penalties of perjury hereby states that Claimant intends to hold a Mechanic's Lien upon the above described real estate and that the facts and matters set forth in the foregoing statement are true and correct.

EXECUTED this 27th day of May, 2011 Von Tobel Corporation
An Ingliana Corporation luc Owner, Partner or Officer Tim Ault 751 E. U.S 30 / P.O. BOX 465 Schererville, IN 46375 STATE OF INDIANA 1.88

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, personally appeared Tim Ault as Manager of Von Tobel Corporation and being duly sworn upon his oath says he is the person who executed the foregoing notice of mechanic's lien, that he has read the same and that the statements contained therein are true and correct. WITNESS my hand and notarial seal this 27th of May, 2011

Janet/F. Hardiman A Resident of Lake County, IN

My commission expires: June 10, 2016

THIS INSTRUMENT PREPARED BY: Janet F. Hardiman, Von Tobel Corporation 751 E. US RT. 30, PO Box 465, Schererville, IN 46375

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document,

Unless required by law.

AMOUNT \$_	13
CASH	_ CHARGE
CHECK #	
OVERAGE_	·····
COPY	
NON-COM_	
CLERK	AN