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RECORDING REQUESTED BY AND RETURN TO:  
File: 745623 APN: 45-11-08-427-007.000-036  
Sunbelt Rentals  
Ms. Jeny Kinmon  
1275 West Mound Street  
Columbus, OH 43223  
Phone: 877-223-7368  
Fax: 803-578-6675

2013 052099

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2013 JUL 16 PM 3:45  
MICHAEL B. BROWN  
RECORDER

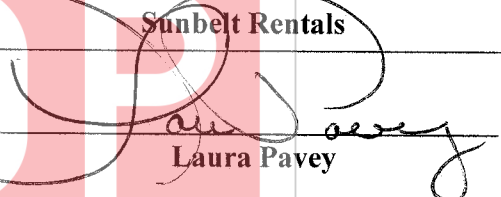
NOTICE OF INTENTION TO HOLD A LIEN  
(Ind. Code § 32-28-3-3)

State of California )  
County of Ventura )

ALL INTERESTED PARTIES PLEASE TAKE NOTICE that the undersigned intends to claim a mechanic's lien as described below:

1. The name and address of the Claimant is: Sunbelt Rentals 1275 West Mound Street Columbus, OH 43223 Ph: 877-223-7368. General description of the materials, labor or machinery furnished or to be furnished by Claimant: Equipment Rentals.
2. The name and address of the owner is: MENARD INC, , 5101 MENARD DR, EAU CLAIRE , WI 547039604 .
3. Claimant has provided certain improvements in connection with the property located at: MENARDS SUB LOT 1; Parcel Number 45-11-08-427-007.000-036. Also described as MENARDS 1-MENARDS project, located at 1300 US ROUTE 41, SCHERERVILLE, IN 46375, for which Claimant claims \$24,414.30.
4. Said improvements are as follows: Equipment Rentals.
5. The last date said improvements were furnished was: 4/19/2013.

Dated: 7/10/2013

By: Sunbelt Rentals  
  
Laura Pavey

VERIFICATION

I declare that I am authorized to file this claim on behalf of the claimant. I have read the foregoing document and know the contents thereof; the same is true of my own knowledge I declare under penalty of perjury that the foregoing is true and correct. Executed at Simi Valley, CA on 7/10/2013 for Sunbelt Rentals .

By:   
Laura Pavey

Subscribed and sworn to (or affirmed) before me on this 12 day of July, 2013, by Laura Pavey, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

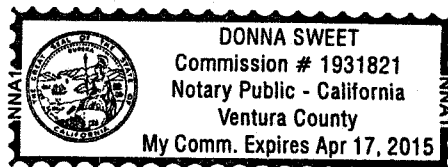
Signature of Notary Donna Sweet  
Printed Name of Notary

Commission Expiration: 4/17/15

Seal:

AMOUNT \$ 15.00  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 43767  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK nm

Prepared by  
Paula Jacobsen



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Prescribed by the  
State Board of Accounts  
(2005)

County Form 170

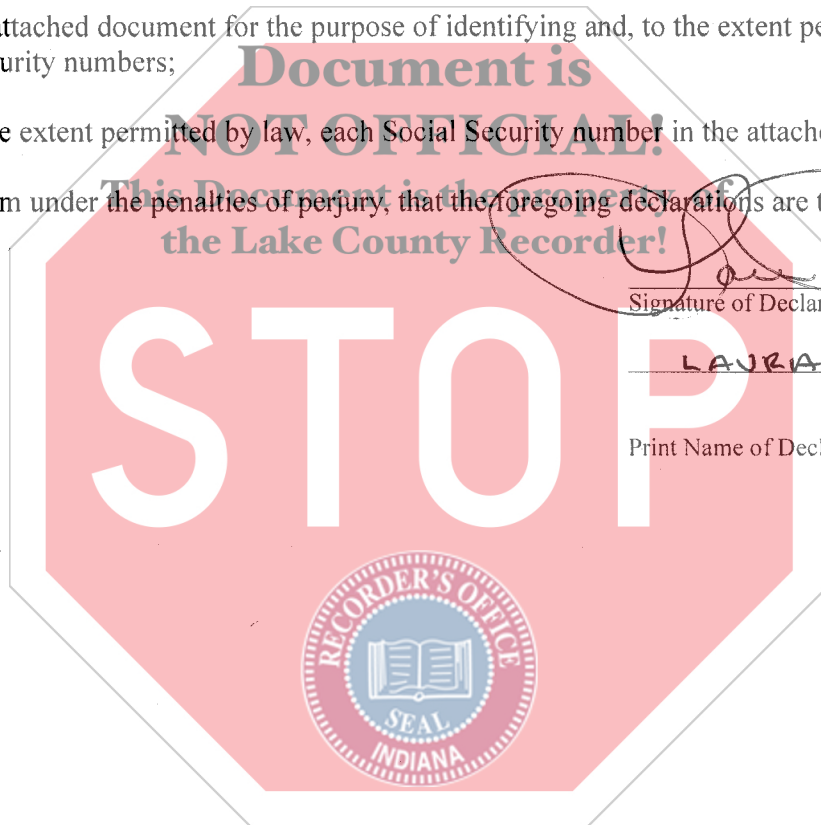
### Declaration

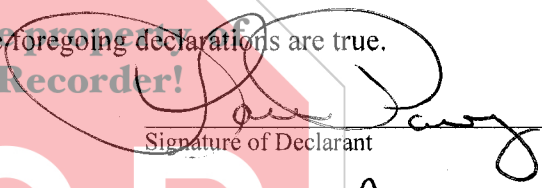
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



  
Signature of Declarant

LAURIA PAVRY  
Print Name of Declarant