

Public Building Commission of Chicago Contractor Payment Information

Project: Engine Company 70

Contract Number: 1454

General Contractor: Castle Construction Corporation

Payment Application: 005

Amount Paid: \$881,500.68

Date of Payment to General Contractor: 12/2/08

Amounts of Payments to Subcontractors are listed on following Contractor's Sworn Statement.

Contractor Fifth Payment Checklist

PBC Transmittal Date: 11/13/07

Payment Application No: 5

•	••		EXHIBIT 6
The re	equired documents are ATTACHED {Four (4) sign	ned payment packages w/docs in ore	ler listed}:
			D . V . 15 1 11/10/05
	PBC Exhibit 'N'-Payment Request Form/Schedu		Date Verified: 11/13/07
<u> </u>	PBC Exhibit 'N'-Payment Request Form/Change		Date Verified: 11/13/07
	PBC Exhibit 'N'-Payment Request Form/Summa		Date Verified: 11/13/07
<u> </u>	PBC Exhibit 'N'-Payment Request Form/Conting	• • • •	Date Verified: 11/13/07
	PBC Exhibit 'A'-Contractor's Sworn Statement	•	Date Verified: 11/13/07
	PBC Exhibit 'B'-Contractor's Waiver of Lien for	•	Date Verified: 11/13/07
	PBC Exhibit 'O'-Contractor's Certified Payroll (submitted to PBC for submittal to La	- · · · · · · · · · · · · · · · · · · ·
_			Date Verified:
	PBC Exhibit 'C'-Subcontractor's Sworn Stateme	ent and Affidavit for Partial Payme	
_			Date Verified:
	PBC Exhibit 'D'-Subcontractor's Waiver of Lien		Date Verified:
	PBC Exhibit 'E'-Supplier's Waiver of Lien for P	artial Payment	Date Verified:
	PBC Exhibit 'P'-Contractor's Recapitulation of i		_
	(submitted to PBC for submittal to EEOO Labor Co		Date Verified:
			Date Verified: 11/13/07
	PBC Revised Bid Schedules for Payment (If App	olicable)	Date Verified:
The fo	ollowing Required documents have been VERIFIE	D:	
	Contractor Payment Checklist		
	Copies of Utility (City Water Tap, Storm/Sewer,	etc) Permits from Governing Au	thorities
			Date Verified:
	Monthly Progress Report		Date Verified: 11/13/07
	Monthly Updated Cost Loaded Construction Sch	edule (Included in Monthly Progre	
	(submitted/approved)		Date Verified: 11/13/07
			Date Verified:
	List/Directory of Sub-Contractors (Included in I	Monthly Progress Report)	Date Verified:
	Daily Construction Logs (Included in Monthly Page 1981)	rogress Report)	Date Verified: 11/13/07
	90 Day Projected Cash Flow (included in Monthl	y Progress Report)	Date Verified:
	Field Order Log (included in Monthly Progress I	Report)	Date Verified:
	Change Order Log (included in Monthly Progres	s Report)	Date Verified:
	Submittal Log (included in Monthly Progress Re	port)	Date Verified: 11/13/07
	RFI Log (included in Monthly Progress Report)	·	Date Verified: 11/13/07
	Quality Control Activity Log/Reports (Included i	n Monthly Progress Report)	Date Verified:
	Monthly Progress Photos (included in Monthly P	• • •	Date Verified: 11/13/07
ō	Pament Calcs (Approved Pencil Draw; Correct a		
	Other: (i.e.: stored material or equipment rental inv		, 2
	ur that the items and/or documents referenced and dat Books 1 thru 3 under General Conditions/Division 1-		
Tishm	an Construction Corporation		
	Owner's Representative	Signature	Date

PUBLIC BUILDING COMMISSION OF CHICAGO EXHIBIT S CERTIFICATE OF ARCHITECT - ENGINEER

TISHMAN CONSTRUCTION CORPORATION OF ILLINOIS

Date: October 31, 2007 Project Fire Station Engine Company #70

To: Public Building Commission of Chicago

In accordance with Resolution No. 1454 adopted by the Public Building Commission of Chicago on March 13, 2007, relating to the \$9,326,035.00

Revenue Bonds issued by the Public Building Commission of Chicago for the financing of this project (and all terms used herein shall have the same meaning s in said Resolution), I hereby certify to the Commission and to its Trustee, that

1 Obligations in the amounts stated herein have been incurred
by the Commission and that each item thereof is a proper
charge against the Construction Account and has not been
paid; and
2 No amount hereby approved for payment upon any contract will,
when added to all amounts previously paid upon such contract,
exceed 90% of current estimates approved by the ArchitectEngineer until the aggregate amount of payments withheld equals
10% of the Contract Price (said retained funds being payable as set
forth in said Resolution).

THE CONTRACTOR CASTLE CONSTRU	CTION CORPORATION	
FOR GENERAL CONTRACTING		
Is now entitled to the sum of		1
Eight Hundred Eighty One Thousand	Five Hundred and 68/100	\$881,500.68
ORIGINAL CONTRACT PRICE	\$9,326,035.00	
ADDITIONS	\$0.00	
DEDUCTIONS	\$0.00	
NET ADDITION OR DEDUCTION	\$0.00	
ADJUST CONTRACT PRICE	\$9,326,035.00	
TOTAL AMOUNT EARNED		\$979,445.20
TOTAL RETENTION		\$97,944.52

 a) Reserve Withheld @ 10% of Total Amount Earned, but not to Exceed 2% of Contract Price
 Liens and Other Withholding \$0.00

\$97,944.52

b) Liquidated Damages Withheld \$0.00

TOTAL PAID TO DATE (Include this Payment)	\$2,368,660.32
LESS: AMOUNT PREVIOUSLY PAID	\$1,487,159.64
AMOUNT DUE THIS PAYMENT	\$881,500.68
Architect Engineer	

MINS/2007

EXHIBIT N PAYMENT REQUEST FORM (1 of 4)

Monthly Estimate No.
For the Period
Contract No.

10/1/2007 to 10/31/2007 Contract No. 1454 Date 10/29/2007
Sheet 1 of 4

To: Castle Construction Corporation

For Work on Account of Engine Company 70

ITEM			CONTRACT				TOTAL ESTIMATE TO L	
NO.	DESCRIPTION	SUBCONTRACTOR	PRICE	% DONE		AMOUNT	% DONE	AMOUNT
	Div 1 - General Conditions	Contin		<u> </u>				
1	General Conditions	Castle Construction	395,727.00	10.0%	\$	39,572.70	40.0%	158,290.80
2	Mobilization	Castle Construction	122,395.00	0.0%	\$	0.00	100.0%	122,395.00
3	General Liability	Castle Construction	36,960.00	0.0%	\$	0.00	100.0%	36,960.00
4	Bond ·	Castle Construction	67,163.00		\$	0.00	100.0%	67,163.00
5	UST & Sludge Removal	R. W. Collins	65,975.00	0.0%	\$	0.00	60.6%	40,000.00
6	Overhead & Profit	Castle Construction	398,415.00	10.0%	\$	39,841.50	46.7%	186,100.00
7	Dlv 1 - Special General Cond		·					
8	Contingency Fund	ALLOWANCE	200,000.00	0.0%	\$	0.00	0.0%	0.00
9	Div 2 - Building Excavation							
10	Site Excavation & Soil	BSB Development	0.00			0.00	0.0%	0.00
-11	Silt fence	BSB Development	5,400.00	100.0%		0.00	100.0%	5,400.00
12	Remove concrete (Site Walks)	BSB Development	16,408.00	0.0%		0.00	0.0%	0.00
13	Remove asphalt	BSB Development	8,334.00	0.0%		0.00	0.0%	0.00
14	Remove curb & gutter	BSB Development	4,140.00	0.0%		0.00	0.0%	0.00
15	Remove fencing	BSB Development	5,500.00	0.0%		0.00	0.0%	0.00
16	Sawcutting	BSB Development	4,043.00	0.0%	\$	0.00	0.0%	0.00
17	Cut site to subgrade	BSB Development	49,975.00	0.0%	\$	0.00	65.0%	32,484.00
18	Export excess (SPECIAL)	BSB Development	167,062.00	0.0%		0.00	65.0%	108,590.00
19	Export excess (CLEAN)	BSB Development	112,925.00	0.0%		0.00	65.0%	73,401.00
20	Place stone @ concrete areas	BSB Development	28,531.00	0.0%		0.00	0.0%	0.00
21	Import & place topsoil	BSB Development	21,285.00	0.0%		0.00	0.0%	0.00
22	1000 tons concrete	BSB Development	20,238.00	25.0%		5,059.50	75.0%	15,178.50
23	Clean engineered barrier	BSB Development	6,231.00	0.0%		0.00	0.0%	0.00
24	Excavate foundation	BSB Development	51,991.00	0.0%		0.00	100.0%	51,991.00
2.5	Backfill foundation	BSB Development	21,967.00	0.0%		0.00	100.0%	21,967.00
26	Prep slab	BSB Development	10,970.00	75.0%	\$	8,227.50	75.0%	8,227.50
27	Asphalt Paving	Ability Rockroad	75,000.00	0.0%	\$	0.00	0.0%	0.00
28	Site Concrete	ARC Underground	302,585.00	0.0%	\$	0.00	0.0%	0.00
29	Sewer	ARC Underground						0.00
30	Demo Structures	ARC Underground	2,250.00	100.0%	\$	2,250.00	100.0%	2,250.00
31	451 feet of 24" DIP storm pipe material an labor	ARC Underground	76,450.00		\$	0.00	100.0%	76,450.00
32	107 feet of 36" RCP storm pipe material and labor	ARC Underground	28,340.00			2,850.00	70.0%	19,850.00
33	107 feet of 18" ESVCP storm pipe material and labor	ARC Underground	18,535.00	0.0%	\$	0.00	100.0%	18,535.00
34	41 feet of 10" ESVCP storm pipe material and labor	ARC Underground	3,495.00	0.0%	\$	0.00	100.0%	3,495.00
35	386 feet of 8" ESVCP storm pipe material and labor	ARC Underground	28,990.00	0.0%	\$	0.00	100.0%	28,990.00
36	142 feet of 6" ESVCP storm pipe material and labor	ARC Underground	14,675.00	0.0%	\$	0.00	100.0%	14,675.00

EXHIBIT N PAYMENT REQUEST FORM (1 of 4)

Monthly Estimate No.
For the Period
Contract No.

5 10/1/2007 to 10/31/2007 Contract No. 1454 Date 10/29/2007
Sheet 1 of 4

To: Castle Construction Corporation

For Work on Account of: Engine Company 70

ПЕМ			CONTRACT	_	NT ESTIMATE		ESTIMATE TO DATE
NO.	DESCRIPTION	SUBCONTRACTOR	PRICE	% DONE	AMOUNT	% DONE	AMOUNT
37	22 feet of 4" ESVCP storm pipe material and labor	ARC Underground	1,650.00	0.0%	\$ 0.00	100.0%	1,650.0
38	4' Catch Basin Material and labor	ARC Underground	12,030.00	20.0%	\$ 2,406.00	90.0%	10,827.0
39	5' Manhole	ARC Underground	19,230.00	50.0%	\$ 9,620.00	50.0%	9,620.
40	4' Manholes Material and labor	ARC Underground	8,590.00	40.0%	\$ 3,436.00	90.0%	7,731.0
41	3' Drywell Material and labor	ARC Underground	2,100.00	0.0%	\$ 0.00	0.0%	0,1
42	Area Drain	ARC Underground	850.00		\$ 0.00	0.0%	0.
43	Trench Drain	ARC Underground	1,500.00	0.0%	\$ 0.00	0.0%	0.
44	Pipe Connection Accessories	ARC Underground	1,470.00	0.0%	\$ 0.00	100.0%	1,470.
45	Inlet Protection	ARC Underground	1,950.00	90.0%	\$ 1,755.00	90.0%	
		 	1,950.00	90.0%	\$ 1,755,00	90.0%	1,755.
46	Water	ARC Underground					
	8" Dip	ARC Underground	60,110.00	90.0%	\$ 54,100.00	90.0%	54,100.
48	8" Valve and Vault	ARC Underground	5,000.00	0.0%	\$ 0.00	0.0%	0.
49	Water Meter Vault	ARC Underground	7,750.00	0.0%	\$ 0.00	0.0%	О.
50	8" Pressure Tap	ARC Underground	9,870.00	50.0%	\$ 4,935.00	50.0%	4,935.
51	Pressure test chlorination	ARC Underground	5,980.00	0.0%	\$ 0.00	0.0%	0.
52	Pressure tap connection street opening	ARC Underground	21,600.00	53.0%	\$ 11,455.00	80.0%	17,285.
53	Ornamental Fencing	Fence Master	66,500.00	0.0%	\$ 0.00	0.0%	0.
54	Vinyl Fencing	Fence Master	30,000.00	0.0%	\$ 0.00		0.
55	Landscaping	Siteworks	22,594.00	0.0%		0.0%	0.
56	Landscaping	Siteworks	30,750.00	0.0%		0.0%	0.
57	Site Furnishings: Tree Grates-F	Siteworks	349.00	0.0%		0.0%	0
58	Site Furnishings: Bike Racks-F	Siteworks	_200.00	0.0%		0.0%	0
59	Site Furnishings: Bike Racks-I	Siteworks	200.00	0.0%		0.0%	0
60_	Lawns & Grasses - Materials	Siteworks	7,174.00	0.0%		0.0%	0.
61	Lawns & Grasses - Labor	Siteworks	8,529.00	0.0%		0.0%	0.
62	Exterior Plants - Materials	Siteworks	22,594.00		\$ 0.00	0.0%	0.
	Exterior Plants - Labor	Siteworks	30,750.00	0.0%	\$ 0.00	0.0%	0.
	Modular Vegetative Roof - Materials Modular Vegetative Roof - Labor	Siteworks	51,213.00	0.0%		0.0%	0.
	Imigation System	Siteworks A McCann	5,647.00 24,000.00	0.0%	\$ 0.00 \$ 0.00	0.0% 0.0%	<u> </u>
67	Div 3 - Concrete	Natola Concrete	24,000.00	0.0%	\$ 0.00	0.076	
68	Footings (Labor Material)	Natola Concrete	92,000.00	0.0%	\$ 0.00	100.0%	92,000.
	Walls (Labor Material)	Natola Concrete	81,175.00	0.0%	\$ 0.00	100.0%	81,175.
	Interior Slabs (Labor Material)	Natola Concrete	104,325.00	0.0%		0.0%	0.,,,,,
	Closeout Documents	Natola Concrete	500.00	0.0%			0.
	Concrete - Submittals	Natola Concrete	2,000.00	0.0%	\$ 0.00	100.0%	2,000.
73	Div 4 - Masonry				-		•
74	Masonry Submittals	G. A. G.	2,000.00	50.0%	\$ 1,000.00	100.0%	2,000.
75	Mobilization/Equipment/Labor	G. A. G.	630,000.00	25.2%	\$ 159,000.00	30.0%	189,000.
76	Brick Material	G. A. G.	95,000.00	60.0%	\$ 57,000.00	60,0%	57,000.
77	Limestone	G. A. G.	150,000.00	85,0%	•	85.0%	127,500.
	Material				· · · · · · · · · · · · · · · · · · ·		·-
	Block Material	G. A. G.	270,000.00	63.1%	\$ 170,500.00	65.0%	175,500.

EXHIBIT N PAYMENT REQUEST FORM (1 of 4)

Monthly Estimate No.
For the Period
Contract No.

5 10/1/2007 to 10/31/2007 Contract No. 1454 Date 10/29/2007 Sheet 1 of 4

To: Castle Construction Corporation

For Work on Account of Engine Company 70

ПЕМ			CONTRACT	CLIRRE	NT ESTIMATE	TOTAL ESTIMATE TO DATE		
NO.	DESCRIPTION	SUBCONTRACTOR	PRICE	% DONE	AMOUNT	% DONE	AMOUNT	
80	Miscellaneous Materials Anchors, flashing, insulation, wire and rebar	G. A. G.	266,000.00	28.2%	\$ 75,000.00	37.6%	100,000.00	
81	Div 5 - Metals							
82	Structural Steel	Mercede's Fabrication	119,114.00	16.0%	\$ 19,114.00	100.0%	119,114.00	
83	Steel - Erection	Mercede's Fabrication	122,061.00	15.0%	\$ 18,300.00	40.0%	48,800.00	
84	Structural Steel - Submittals	Mercede's Fabrication	5,000.00	0.0%	\$ 0.00	50.0%	2,500.00	
85	Architecturally Exposed Struct Steel	Mercede's Fabrication	21,017.00	100.0%	\$ 21,017.00	100.0%	21,017.00	
86	Steel Joists & Girders	Mercede's Fabrication	36,265.00	0.0%	\$ 0.00	0.0%	0.00	
87	Steel Deck	Mercede's Fabrication	22,817.00	100.0%	\$ 22,817.00	100.0%	22,817.00	
88	Cellual Steel Roof Deck	Mercede's Fabrication	21,918.00	100.0%	\$ 21,918.00	100.0%	21,918.00	
89	Metal Fabrications	Mercede's Fabrication	21,808.00	45.9%	\$ 10,000.00	45.9%	10,000.00	
90	Misc Stainless Steel Items	Mercede's Fabrication	5,000.00	0.0%	\$ 0.00	0.0%	0.00	
91				•				
92	Div 6 - Rough Carpentry							
93	Rough Carpentry - M (Includes Labor)	Castle Construction	130,000.00	0.0%	\$ 0.00	0.0%	0.00	
94	Plywood-M (includes Labor)	Castle Construction	110,000.00	0.0%	\$ 0.00	0.0%	0.00	
95	Window Sills	Castle Construction	15,000.00	0.0%	\$ 0.00	0.0%	0.00	
96	Polymer Countertops-I	Castle Construction	1,000.00	0.0%	\$ 0.00	0.0%	0.00	
97	Millwork	Westwood	44,000.00	0.0%	\$ 0.00	0.0%	0.00	
98	Div 7 - Therm / Moist Prot.							
99	Fluid-Applied Roof & Waterproofing	James Mansfleld	112,000.00	0.0%	\$ 0.00	0.0%	0.00	
100	Insulation	James Mansfield	55,000.00		\$ 0.00	0.0%	0.00	
101	Firestopping	James Mansfield	50,000.00		\$ 0.00	0.0%	0.00	
102	Flashing & Sheet Metal	James Mansfleld	70,000.00		\$ 0.00	0.0%	0.00	
103	Roof Accessories	James Mansfleld	25,000.00	0.0%	\$ 0.00	0.0%	0.00	
104	Aluminum Fascia Panels	Metal Erectors	157,000.00	0.0%	\$ 0.00	0.0%	0.00	
105	Roof Curbs-F	Castle Construction	30,000.00	0.0%	\$ 0.00	0.0%	0.00	
106	Roof Curbs-I	Castle Construction	30,000.00	0.0%	\$ 0.00	0.0%	0.00	
107	Bituminous Dampproofing	TBD	7,000.00	0.0%	\$ 0.00	0.0%	0.00	
108	Sealants	TBD _	27,000.00	0.0%	\$ 0.00	0.0%	0.00	
109	Grease Guards (F&I)	Castle Construction	2,000.00	0.0%	\$ 0.00	0.0%	0.00	
110	Div 8 - Doors							
Ш	Doors & Frames-HM - Materials	Precision Metals	53,000.00	0.0%	\$ 0.00	0.0%	0.00	
112	Finish Hardware	Precision Metals	30,000.00			0.0%	0.00	

EXHIBIT N PAYMENT REQUEST FORM (1 of 4)

Monthly Estimate No.
For the Period
Contract No.

10/1/2007 to 10/31/2007 Contract No. 1454

Date 10/29/2007 Sheet I of 4

Castle Construction Corporation For Work on Account of Engine Company 70

ПЕМ			CONTRACT			STIMATE		STIMATE TO DATE
NO.	DESCRIPTION	SUBCONTRACTOR	PRICE	% DONE		AMOUNT	% DONE	AMOUNT
113	Access Panels-I	Castle Construction	1,500.00	0.0%	\$	0.00	0.0%	0.00
114	Access Panels-F	Castle Construction	4,500.00	0.0%	\$	0.00	0.0%	0.00
115	Overhead Coiling Doors	Meadows Door	14,500.00	0.0%		0.00	0.0%	0.00
116	Sectional Overhead Doors	Meadows Door	14,500.00	0.0%	\$	0.00	0.0%	0.00
117	Div 8 - Storefront & Entrances							
118	Aluminum Entrance & Storefront	Glass Designers	96,250.00	0.0%	_	0.00	0.0%	0,00
119	Aluminum Projected & Fixed Windows	Glass Designers	50,000.00		\$	0.00		0.00
120	Div 9 - Finishes							····
121	Drywali	D&S	60,000.00	0.0%		0.00	0.0%	0.00
122	Cold-formed Metal Framing	D&S	10,000.00	0.0%		0.00	0.0%	0.00
123	Acoustical Ceiling	D&S	20,000.00	0.0%		0.00	0.0%	0.00
124	Doors-HM - Installation	D&S	32,000.00	0.0%		0.00	0.0%	0.00
125	Flooring-Ceramic Tile	Central Tile	4,200.00	0.0%		0.00	0.0%	0.00
126	Athletic Flooring	Superior Flooring	6,000.00	0.0% 0.0%		0.00	0.0%	0.00
127	Floor Tile - VCT (static disipated)	Superior Flooring	1,800.00			0.00	0.0%	0.00
128	Flooring-Epoxy Terrazzo	John Caretti	15,500.00	0.0%		0.00	0.0%	0.00
129 130	Concrete Sealer	John Caretti Castle	148,500.00 2,000.00	0.0%		0.00 0.00	0.0%	0.00
	Deieties	Construction	_					
131	Painting	Uptown Painting	45,000.00	0.0%	\$	0.00	0.0%	0.00
132	Div 10 - Specialties	0	2.250.00	0.00/	•	0.00	0.000	
133	Visual Display Board - Material	Carney Castle	3,350.00	0.0%		0.00	0.0%	0.00
134	Visual Display Board - Labor	Construction	2,500.00	0.0%	-	0.00	0.0%	0.00
135	Louvers-Labor	TBD	4,52 <u>5.00</u>	0.0%	\$	0.00	0.0%	0.00
136	Louvers-Material	TBD	4,000.00	0.0%	\$	0.00	0.0%	0.0
137	Fire Ext & Cabinets - Labor	Castle Construction	1,700.00	0.0%	\$	0.00	0.0%	0.0
138	Fire Ext & Cabinets - Material	Carney	1,000.00	0.0%	\$	0.00	0.0%	0.0
139	Toilet Accessories - Labor	Castle Construction	8,000.00	0.0%	\$	0.00	0.0%	0.00
140	Toilet Accessories - Material	Carney	9,300.00	0.0%	\$	0.00	0.0%	0.00
141	Floor Mats-Material	Carney	1,900.00	0.0%	\$	0.00	0.0%	0.00
142	Floor Mats-Labor	Castle Construction	1,500.00	0.0%	\$	0.00	0.0%	0.00
143	Flagpoles - Material	Carney	3,250.00	0.0%		0.00	0.0%	0.00
144	Recycling Containers	TBD	5,000.00	0.0%	\$	0.00	0.0%	0.00
145	Toilet Partitions	Carney	5,700.00	0.0%	\$	0.00	0.0%	0.00
	Metal Lockers	TBD	29,900.00	0.0%		0.00	0.0%	0.00
147	Signs	Carney	5,000.00	0.0%		0.00	0.0%	0.00
148	Projection Screens-Material	Carney	475.00	0.0%	\$	0.00	0.0%	0.00
149	Projection Screens-Labor	Castle Construction	1,500.00	0.0%		0.00	0.0%	0.00
150	SS Recessed Telephone-Labor	TBD	1,500.00	0.0%		0.00	0.0%	0.00
151	SS Recessed Telephone-Material	TBD	3,000.00	0.0%		0.00	0.0%	0.00
152	Key Boxes	TBD	1,000.00	0.0%		0.00	0.0%	0.00
153	Call Box	TBD	500.00	0.0%		0.00	0.0%	0.00
154	Hose Drying Equipment	Circul-air Corp.	54,000.00	0.0%	\$	0.00	0.0%	0.00
155	Div 11 - Specialties							

EXHIBIT N PAYMENT REQUEST FORM (1 of 4)

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For the Period
Contract No.

5 10/1/2007 to 10/31/2007 Contract No. 1454 Date 10/29/2007
Sheet 1 of 4

To: Castle Construction Corporation

For Work on Account of: Engine Company 70

			44	CURRENT ESTIMATE		TOTAL CETMANT TO DATE		
ПЕМ	DECEMPTION	SUBCOMES COS	CONTRACT					ESTIMATE TO DATE
NO.	DESCRIPTION	SUBCONTRACTOR	PRICE	%	·	AMOUNT	%	AMOUNT
152	Compactor	C Too Industria	45 500 00	DONE	•	0.00	DONE	0.00
156	Compactor Kitchen Equipment	C-Tec Industries	15,500.00			0.00	0.0%	0.00
157	Kitchen Equipment	Boetler Chicago	30,750.00			0.00	0.0%	0.00
158	Kitchen Casework	Boetler Chicago	30,750.00	0.0%	¥	0.00	0.0%	0.00
159	Div 12 - Specialties					0.00	0.004	
160	Window Shades	TBD	6,750.00	0.0%		0.00	0.0%	0.00
161	Building Clock	Genex Electric	1,000.00	0.0%	*	0.00	0.0%	0.00
162	Div 11 - Equipment				_			
163	Man Lift	TBD	15,000.00	0.0%		0.00	0.0%	0.00
164	Hoist System	TBD	12,000.00	0.0%	\$	0,00	0.0%	0.00
165	Solar Panel Connections	Castle	90.000.00	0.0%	\$	0.00	0.0%	0.00
		Construction	00,000.00	0.010	•			0.00
167	Plumbing Permit	Castle	15,000.00	0.0%	\$	0.00	0.0%	0.00
		Construction	,		<u> </u>		0.070	
168	Spoil	Castle	115,000.00	0.0%	\$	0.00	0.0%	0.00
		Construction			<u> </u>			
169	Underground	All-Service						0.00
170	Cast iron fittings & sleeves	All-Service	41,000.00	5.5%		2,250.00	100.0%	41,000.00
171	Cast iron pipe	All-Service	30,600.00	0.0%		0.00	100.0%	30,600.00
172	Specialty fittings & drains	All-Service	25,200.00	0.0%		0.00	100.0%	25,200.00
173	Soil gaskets & accessories	All-Service	3,000.00	0.0%		0.00	100.0%	3,000.00
174	Delivered fill	All-Service	5,050.00	0.0%		0.00	100.0%	5,050.00
175	Equipment cost	All-Service	11,050.00	0.0%		0.00	100.0%	11,050.00
	Labor & union benefits	All-Service	42,050.00		\$	6,300.00	100.0%	42,050.00
	Workers comp	All-Service	4,050.00	15.0%		608.00	100.0%	4,050.00
178	Insurance	All-Service	2,370.00	15.0%		355.00	100.0%	2,370.00
179	Profit & Overhead	All-Service	4,900.00	15.0%	\$	735.00	100.0%	4,900.00
180	Supervision	All-Service	4,200.00	15.0%	\$	630.00	100.0%	4,200.00
181	Misc Supplies	All-Service	2,450.00	0.0%	\$	0.00	100.0%	2,450.00
182	Triple basins	All-Service	2,000.00	0.0%	\$	0.00	100.0%	2,000.00
183	Rough - In		·					
184	Cast iron fittings	All-Service	11,500.00	10.0%	\$	1,150.00	10.0%	1,150.00
185	Cast iron pipe	All-Service	8,900.00	10.0%	\$	890.00	10.0%	890,00
186	Copper pipe	All-Service	16,800.00	10.0%	\$	1,680.00	25.0%	4,205.00
	Copper fittings	All-Service	8,900.00	10.0%	\$	890.00	10.0%	890.00
	Victaulic pipe & fittings	All-Service	2,100.00	10.0%		210.00	10.0%	210.00
189	Accessories/hangers	All-Service	4,750.00	10.0%		475.00	10.0%	475.00
	Coring/sleeving	All-Service	3,360.00	10.0%		336.00	10.0%	336.00
	Labor & union benefits	All-Service	47,125.00		\$	4,713.00	14.2%	6,713.00
	Carriers/roof drains	All-Service	5,000.00	10.0%		500.00	10.0%	500.00
	Insulation	All-Service	12,800.00	10.0%		1,280.00	10.0%	1,280.00
	Insurance	All-Service	2,370.00	10.0%		237.00	10.0%	237.00
	Workes comp	All-Service	4,000.00	10.0%		400.00	10.0%	400.00
	Profit & Overhead	All-Service	4,900.00	10.0%		490.00	10.0%	490.00
	Supervision	All-Service	3,600.00	10.0%		360.00	10.0%	360.00
	,			10.0%		840.00		
	Shower bases/valves Wall & yard hydrants/bibbs	All-Service	8,400.00				10.0%	840.00
-		All-Service	4,050.00	13.4%		542.00	85.0%	3,442.00
200	Plumbing - Submittals	All-Service	5,000.00	30.0%		1,500.00	80.0%	4,000.00
201	Trim			0.00		2.55	6 661	
	Water heater package	All-Service	29,900.00	0.0%		0.00	0.0%	0.00
203	Booster package	All-Service	15,000.00	0.0%	\$	0.00	0.0%	0.00

EXHIBIT N PAYMENT REQUEST FORM (1 of 4)

Monthly Estimate No.
For the Period
Contract No.

5 10/1/2007 to 10/31/2007 Contract No. 1454 Date 10/29/2007 Sheet 1 of 4

To: Castle Construction Corporation

For Work on Account of Engine Company 70

ITEM	1		CONTRACT	CURRE	NT ESTIMATE	TOTAL ESTIMATE TO DATE		
NO.	DESCRIPTION	SUBCONTRACTOR	PRICE	%	AMOUNT	%	AMOUNT	
				DONE		DONE		
204	Fixtures	All-Service	21,500.00	0.0%	\$ 0.00	0.0%	0.00	
205	Appurtenances	All-Service	1,200.00	0.0%		0.0%	0.00	
206	Labor & union benefits	All-Service	9,700.00	0.0%	\$ 0.00	0.0%	0.00	
207	Insurance	All-Service	525.00	0.0%	\$ 0.00	0.0%	0.00	
208	Workers comp	All-Service	800.00	0.0%	\$ 0.00	0.0%	0.00	
209	Profit & Overhead	All-Service	3,900.00	0.0%	\$ 0.00	0.0%	0.00	
210	Supervision	All-Service	3,300.00	0.0%		0.0%	0.00	
166	Div 15- Mechanical							
	HVAC	D&P Mechanical	1,013,000.00	0.0%	\$ 0.00	0.0%	0.00	
212	HVAC - Submittals	D&P Mechanical	5,000.00	0.0%		0.0%	0.00	
213	Dly 16 - Electrical		-,		*			
214	Electrical Engineering & As-Builts	Genex Electric	7,500.00	33.3%	\$ 2,500.00	33.3%	2,500.00	
	Mobilization	Genex Electric	25,000.00	20.0%		80.0%	20,000.00	
	Temporary Power to Trailers	Genex Electric	10,000.00	0.0%		100.0%	10,000.00	
217	Temporary Power to Hallers Temporary Power to Building	Genex Electric	20,000.00	0.0%		25.0%	5,000.00	
218	Electrical Underground Conduit (Material)	+		33.3%		100.0%	45,000.00	
		Genex Electric	45,000.00			90.0%		
	Electrical Underground Conduit (Labor)	Genex Electric	35,000.00	30.0%			31,500.00	
	Electrical Site Conduit & W ire (Material)	Genex Electric	14,500.00	0.0%		0.0%	0.00	
221	Electrical Site Conduit & W ire (Labor)	Genex Electric	14,000.00	0.0%		0.0%	0.00	
222	Branch Conduit & W ire (Material)	Genex Electric	89,000.00	5.0%		5.0%	4,450.00	
223	Branch Conduit & W ire (Labor)	Genex Electric	85,000.00	5.0%		5.0%	4,250.00	
224	200 KW Generator & ATS (Material)	Genex Electric	53,000.00	0.0%		0.0%	0.00	
225	200 KW Generator & ATS (Labor)	Genex Electric	7,500.00	0.0%		0.0%	0.00	
226	1200-A Main Dist. Panel & Pwr/Ltg Panels	Genex Electric	56,400.00	0.0%		0.0%	0.00	
227	1200-A Main Dist. Panel & Pwr/Ltg Panels	Genex Electric	10,000.00	0.0%		0.0%	0.00	
	Electrical Feeders (Material)	Genex Electric	20,000.00	0.0%	\$ 0.00	0.0%	0.00	
229	Electrical Feeders (Labor)	Genex Electric	15,000.00	0.0%	\$ 0.00	0.0%	0.00	
230	Cable Tray (Material)	Genex Electric	3,500.00	0.0%	\$ 0.00	0.0%	0.00	
231	Cable Tray (Labor)	Genex Electric	5,000.00	0.0%	\$ 0.00	0.0%	0.00	
232	Exterior Lighting (Material)	Genex Electric	19,900.00	0.0%	\$ 0.00	0.0%	0.00	
233	Exterior Lighting (Labor)	Genex Electric	17,500.00	0.0%	\$ 0.00	0.0%	0.00	
234	Interior Lighting (Material)	Genex Electric	67,350.00	22.3%		22.3%	15,000.00	
	Interior Lighting (Labor)	Genex Electric	50,000.00	0.0%		0.0%	0.00	
236	Device Trim (Material	Genex Electric	15,850.00	0.0%		0.0%	0.00	
237	Device Trim (labor)	Genex Electric	10,000.00	0.0%		0.0%	0.00	
	PBX (Material)	Genex Electric	18,358.29	0.0%		0.0%	0.00	
	PBX (Labor)	Genex Electric	640.00	0.0%		0.0%	0.00	
	Radio System (Material)	Genex Electric	39,747.47	0.0%		0.0%	0.00	
				0.0%		0.0%	0.00	
	Radio System (Labor)	Genex Electric	640.00					
	CCTV (Material)	Genex Electric	28,827.80	0.0%		0.0%	0.00	
	CCTV (Labor)	Genex Electric	4,480.00	0.0%		0.0%	0.00	
	Public Address (Material)	Genex Electric	6,743.40	0.0%		0.0%	0.00	
	Public Address (Labor)	Genex Electric	7,080.00	0.0%		0.0%	0.00	
	Fire Alarm System (Material)	Genex Electric	9,899.00	0.0%		0.0%	0.00	
	Fire Alarm System (Labor)	Genex Electric	9,726.41	0.0%		0.0%	0.00	
	Analog Clock System (Material)	Genex Electric	5,322.70	0.0%		0.0%	0.00	
	Analog Clock System (Labor)	Genex Electric	1,875.00	0.0%		0.0%	0.00	
250	Voice/Data System (Material)	Genex Electric	15,743.91	0.0%		0.0%	0.00	
251	Voice/Data System (Labor)	Genex Electric	16,184.00	0.0%		0.0%	0.00	

EXHIBIT N PAYMENT REQUEST FORM (1 of 4)

Monthly Estimate No. For the Period

Date

10/29/2007

Contract No.

10/1/2007 to 10/31/2007 Contract No. 1454

Sheet I of 4

To:

Castle Construction Corporation

For Work on Account of:

Engine Company 70

ПЕМ			CONTRACT	CURRE	NT ESTIMATE	TOTAL ESTIMATE TO DATE		
NO.	DESCRIPTION	SUBCONTRACTOR	PRICE	%	AMOUNT	%	AMOUNT	
<u> </u>				DONE		DONE		
252	Audio Visual System (Material)	Genex Electric	60,182.49	0.0%	\$ 0.00	0.0%	0.00	
253	Audio Visual System (Labor)	Genex Electric	8,560.00	0.0%	\$ 0.00	0.0%	0.00	
254	Cable TV System (Material)	Genex Electric	11,847.50	0.0%	\$ 0.00	0.0%	0.00	
255	Cable TV System (Labor)	Genex Electric	2,142.03	0.0%	\$ 0.00	0.0%	0.00	
256	Electrical - Submittais	Genex Electric	5,000.00	30.0%	\$ 1,500.00	80.0%	4,000.00	
257	Div 17 - Telecommunications							
258	Special Electronics	Genex Electric	included above		\$ 0.00		0.00	
TOTAL (Tower System	Genex Electric	included above	,	\$ 0.00		0.00	

2,631,844.80

EXHIBIT N PAYMENT REQUEST FORM (2 of 4) CHANGE ORDER

Monthly Estimate No.	5	Date	10/29/2007
For the Period	10/11/2007 to 10/31/2007	Sheet	2 of 4
Contract No.	Contract No. 1454	•	

To: Castle Construction Corporation
For Work on Account of: Engine Company 70

пем		CONTRACT		RENT ESTIMATE	TOTAL ESTIMATE TO DATE		
NO.	DESCRIPTION	PRICE	% DONE	AMOUNT	% DONE	AMOUNT	
1			#DIVI0!	\$ -	#DIV/01	\$ -	
2			#DIVIOI	<u> </u>	#DIVI0I	\$ -	
3			#DIV/01		#DIVIOI	\$ -	
4			#DIVI0I		#DIV/01	\$ -	
5			#DIV/01	<u> </u>	#DIV/01	\$ -	
6			#DIVI01		#DIVI0I	\$	
7			#DIVI0I	-	#DIV/0!	\$ -	
8			#DIVI0I		#DIV/01	\$ -	
9			#DIV/0!	•	#DIV/01	\$ -	
10			#DIV/01	-	#DIV/01	\$ -	
11			#DIV/0!		#DIVI0I	\$ -	
12			#DIVI0I	-	#DIV/01	\$ -	
13			#DIVIOI		#DIVIO!	\$ -	
14			#DIVI01	-	#DIV/0I	\$ -	
15			#DIVI0!	-	#DIV/01	\$ -	
16			#DIV/0!	-	#DIVI0I	\$ -	
17			#DIVI0I	-	#DIV/0I	\$ -	
18			#DIV/0/	-	#DIV/0!	\$ -	
19			#DIV/0!	-	#DIV/01	\$ -	
20			#DIVIOI	-	#DIVI0I	\$ -	
21			#DIVIOI	-	#DIV/0I	\$ -	
				-			
					-		
-			1 1				
			1 1		1		
			1				
	Totals	_		-		_	

TOTAL NET DEBIT OR CREDIT: \$ 0.00

EXHIBIT N STORED MATERIAL (3 of 4)

For the Contrac	t No.	5 10/1/2007 to 10/31/2000 Contract No. 1454	<u>7</u> -			Date Sheet	10/29/2007 3 of 4
To: For Wor	Castle Construction R on Account of:	n Corporation Engine Company 70					
		TIOUS ESTIMATE NO		_			
ITEM NO.	MATERIAL	DELIVERD THIS PERIOD	QUANTITY	UNIT	UNIT PRICE	AMOUNT	50% AMOUNT
							1
			TOTAL DE	LIVERED T	HIS PERIOD	\$ 0.00	\$ 0.00
ITEM NO.	MATERIA	AL USED THIS PERIOD	QUANTITY	UNIT	UNIT PRICE	AMOUNT	50% AMOUNT
140.					17002	AMOGNI	701100111
					·		
			 				
							-
	 						
				 			
			I	J	וול מכחיסה		
					HIS PERIOD	\$ 0.00	\$ 0.00 \$ 0.00

\$ 0.00 \$

0.00

MATERIAL STORED - THIS ESTIMATE

EXHIBIT N SUMMARY OF ESTIMATE SHEETS (4 of 4)

Monthly	y Estimate No.	<i>5</i>				Date:		10/29/2007
For the		10/1/2007 to 10/31/2007	7			Sheet		4 of 4
Contrac		Contract No. 1454	_					
To:	Castle Construction	Corporation						
For Wo	rk on Account of:	Engine Company 70						
SUMM	ARY OF ESTIMATE S	HEETS	(1)		(2)		(3)	
ITEM				TOTAL				TOTAL
NO.		DESCRIPTION	l.	CONTRACT		CURRENT		ESTIMATE
_				PRICE		ESTIMATE	_	TO DATE
	Sheet No. I		\$	9,326,035.00	\$	979,445.20	\$	2,631,844.80
.2			—				_	
3			—		ļ			
4		· · · · · · · · · · · · · · · · · · ·			<u> </u>		⊢	
5			 		<u> </u>			
6	Total Awarded Com	<u> </u>	\$	9,326,035.00	<u> </u>			
7	Awarded Contract of				\$	979,445.20	\$	2,631,844.80
8	 	ed Changes - Sheet No. 2		0.00	ļ	0.00		
9	Add: Materials Stor		ᆜ—	0.00		0.00		0.00
10		e & Amounts Earned	\$	9,326,035.00	\$	979,445.20	\$	2,631,844.80
	Deduct: Current Re				\$	97,944.52		
12_	f	rve to Date (Column 3)	Д				\$	263,184.48
13		uidated Damages (Line 25)			\$	0.00		· <u>· · · · · · · · · · · · · · · · · · </u>
14	Deduct: Total Liqui	dated Damages (Line 23)					\$	0.00
15	Total Paid to Date -	including this estimate			<u> </u>		\$	2,368,660.32
16	Deduct: Total Earn	ed To Date (Line 10, Col. 3)	\$	2,631,8 44 .80				
17_	Net Amount Open	on Contract	\$	6,694,190.20	l			
18	NET CURRENT PA	MENT			\$	881,500.68		
			0	urrent Reserve	P	revious Reserve		Total Reserve
	RESERVE COM	PUTATION		Withheld		Withheld		Withheld
19	Percentage Comput	ation - 10% Reserve*	\$	97,944.52	\$	165,239.96	\$	263,184.48
20	Percentage Comput	ntion - 5% Reserve*				0.00		
21	Total Reserve Withe	ld	\$	97,944.52	\$	165,239.96	\$	263,184.48
	*Note: C	olumn I is computed at the rate	of 10%	for all monthly est	imate	s up to 50% of con	tract	
LIQUI	DATED DAMAG	ES COMPUTATION						
23	Total Liquidated Da	mages to Date		0	Day	5	\$	_0.00
24	Deduct: Amount Pr	eviously Withheld		ē			\$	0.00
25	CURRENT LIQUIDA	TED DAMAGES					\$	0.00
	Approx. % Contract	Completed 28.2%	Total	l Contract Time		395	Doy	s
			(Ind.	Time Extens.)				
	Starting Date	16-Apr-07	Total	l Time Used		75	Day	S
Mus	Im "	1/2007	a	astle Construction (Corpo	ration		
Verified	By Architect		N	lame of Contractor				
r ca que u	by Architect		•		`			
DECO!	MENDED FOR A DOD	OVAL.		-				10/29/2007
RECUM!	MENDED FOR APPR	. I	By ∴	<u>)</u>	DL	Date		1 (12712007
$\bigvee_{\mathbb{A}}$	10/11/12/DA	0 11/2/07		Robert C.	own	1		
\mathcal{A}		1 <u>1111210</u>		Président				
Owner R	lepresentative	1		Title				

EXHIBIT A

CCC# 0705
Pay Application # 5

Som of		llinois	_			11/1/2007
County of		Cook		_		
	CONTRAC	CTOR'S SWORN	STATEMENT ANI) AFFIDAVIT FOR	R PARTIAL PAY	MENT (1 of 3)
The efficiency duly sworm CORPORATION aquainted with the facts	, an <u>lilinois</u> corpor	ation, and duly autho	Robert C. Blum orized to make this Affide on is the Contractor with	wit in behalf of said con	rporation, and Individu	
under Contract No.:	1454	dated the		H 13, 2007	for or	GENERAL WORK
		OMPANY 70				r the purpose of procuring
for a partial payment of						under the
terms of said contract; th	at the work for whi	ich payment is reque	sted has been complete	d, free and clear of any	y and all cisims, liens,	charges and expenses
of any kind or nature who						
purposes of sald contract	1, the following per	sons have been cont	tracted with, and have fu	mished or prepared m	aterials, equipment, s	upplies, and services
for, and having done lab	or on said improver	ment. That the respe	ctive amounts set forth	opposite their names is	s the full amount of me	oney due and to
become due to each of t						
and the amount heretofo or on account of said wo		them for such labor, i	materials, equipment, su	pplies ,and services, fo	umished or prepared	by each of them to

Name And Address	Type of Work	Total Contract (Includes C.O.'s)	Total Work Complete	Less Retention (Include Current)	Less Net Previously Paid	Net Due This Period	Balance to Become Due
Castle Const. Corporation 3052 W. 167th Street Markham, IL 60428	General Conditions	\$395,727.00	\$158,290.80	\$15,829.08	\$106,846.29	\$35,615.43	\$253,265.28
Castle Const. Corporation 3062 W. 167th Street Markham, IL 60428	Mobilization	\$122,395.00	\$122,395.00	\$12,239.50	\$110,155.50	\$0.00	\$12,239.50
Castle Const. Corporation 3062 W. 167th Street Markham, IL 60428	O&P	\$390,170.00	\$183,600.00	\$18,360.00	\$129,382.65	\$ 35,857.35	\$224,930.00
Castle Const. Corporation 3052 W. 167th Street Markham, R. 60428	General Liability	\$36,960.00	\$36,960.00	\$3,696.00	\$33,264.00	\$0.00	\$3,696.00
Castle Const. Corporation 3062 W. 167th Street Markham, IL 60428	Bond	\$67,163.00	\$67,163,00	\$6,716.30	\$60,446.70	\$0.00	\$6,716.30
Castle Correl. Corporation 3062 W. 167th Street Markham, IL 60428	General Work	\$709,095.00	\$0.00	\$0,00	\$0.00	\$0.00	\$709,095.00
Caste Const. Corporation 3062 W. 167th Street Markham, IL 60428	Commission Contingency Fund	\$200,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200,000.00
Castle Const. Corporation 3062 W. 187th Street Markham, IL 60428	Administration	\$2,500.00	\$2,500.00	\$250.00	\$2,250.00	\$0.00	\$250.00
ARC Underground, inc. 2114 W. Thomas Street Chicago, IL 60622	Concrete Paving	\$635,000.00	\$273,618.00	\$27,361.80	\$162,729.90	\$83,526.30	\$388,743,80
Ability Rockroad Company 1021 Wood Dale Road Wood Dale, IL 60191	Asphalt Paving	\$75,000.00	\$0.00	\$0,00	\$0.00	\$0.00	\$75,000.00
All Service Plumbing 1509 W. 174th St. East Hazel Crest, IL 60429	Plumbing Work	\$417,300.00	\$204,338.00	\$20,433.80	\$159,270,30	\$24,633,90	\$233,395.80
Andrew McCarm Lawn Sprinkler Co. 1813 W. 171st Street East Hazel Crest, IL 60429	Inigation Work	\$24,000.00	\$0.00	\$0,00	\$0.00	\$0.00	\$24,000.00
Boeller Chicago Contract 7370 N. Lincoln Avenue Lincolnwood, IL 60712	Food Service Equipment	\$61,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,500.00
BSB Development, inc. 27692 West Roule 120 - F120 Lakemoor, IL 60051	Demolition	\$535,000.00	\$317,239.00	\$31,723.90	\$273,556.80	\$11,958.30	\$249,484.90

EXHIBIT A

CONTRACTOR'S SWORN STATEMENT AND AFFIDAVIT FOR PARTIAL PAYMENT (2 of 3)

Name And Address	Type of Work	Total Contract (Includes C.O.'s)	Total Work Complete	Less Retention (include Current)	Less Net Previously Paid	Net Due This Period	Balance to Become D
John Caretti & Company 7831 N. Nagle Avenue Morton Grove, IL 60053	Epoxy Flooring	\$164,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$164,000.00
C-Tec Industries 3650 S. Homan Avenu Chicago, IL 60632	Waste compactor	\$15,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,500.00
Central Tile Services 11560 W. 184th Place, Suite A Orland Park, IL 60467	Ceramic Tile	\$4,200.00	\$0.00	\$0,00	\$0.00	\$0.00	\$4,200.00
Circul-Air Corporation 350 Pfingsten Road, Suite 105 Lincolnwood, IL 60062	Dryer Hose	\$54,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54,000.00
D&P Mechanical, inc. 6853 W. 60th Pl. Chicago, IL 60837	HVAC Work	\$1,018,000.00	\$0.00	\$0.00	\$0.00	\$0,00	\$1,018,000.00
D & S Midwest Constructio Co. 11509 S. Elizabeth Street Chicago, IL 60643	Gypsum Board Assemblies	\$127,000.00	\$0.00	\$0.00	\$0,00	\$0.00	\$127,000.00
Fence Masters, Inc. 20400 S, Cottage Grove Avenue Chicago Heights, IL 60411	Fencing	\$96,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$96,500.00
GAG Masonry 11509 S. Elizabeth Chicago, IL	Masonry	1,500,000.00	\$662,700.00	\$66,270.00	\$60,750.00	\$535,680,00	\$903,570.00
Genex Electric 1411 Opus Place - Suita 120 Downers Grove, IL 60515	Electrical ·	\$950,000.00	\$141,700.00	\$14,170.00	\$75,150,00	\$52,380.00	\$822,470.00
Glass Designers, Inc. 7421-23 S. South Chicago Avenue	Aluminum Entrances	\$146,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$146,250.00
Chicago, II 60619 James Mansfield & Sons, Inc. 8100 West 47th Street Lyons, IL 60534	Roofing	\$312,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$312,000.00
Meadows Door, Inc. 830 Commerce Parkway Carpentersville, IL 60110	Overhead Doors	\$29,000.00	\$0.00	\$0.00	\$0,00	\$0.00	\$29,000.00
Metal Erector, Inc. 1030 VY. Republic Drive Addison, IL 60101	Alumenum Fascia Panci	\$157,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$157,000.00
viercede's Fabrication, Inc. 27 East 24th Street Chicago Heights, IL 60411	Steel Works	\$375,000.00	\$246,166.00	\$24,616.60	\$119,700.00	\$101,849.40	\$153,450.60
istola Concrete, inc. 00 Lee Street - \$1 Des Pizines, IL 60016	Concrete Work	\$280,000.00	\$175,175.00	\$17,517.50	\$157,657.50	\$0.00	\$122,342.50
Precision Metals & Howe. 83 W. Fullerton Avenue Emburst, IL 60126	Alumunim Door Hardware	\$83,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$83,000.00
RW Collins co. 225 W. 66th Street Chicago, IL 60638	Underground Storage Tenk Removal	\$65,975.00	\$40,000,00	\$4,000,00	\$36,000.00	\$0.00	\$29,975.00
iteworks Construction, Inc. 76 Sunset Avenue Sien Ellyn, IL 60138	Landscaping	\$180,000.00	\$0.00	\$0,00	\$0,00	\$0.00	\$180,000.00
uperior Flooring Covering 4500 S. Western Avenue casen, IL 60469	Resilient Athletic Flooring	\$7,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,800.00
ptown Painting & econating 712 N. Clark Street 2nd loor hicago, R. 60626	Painting Work	\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45,000.00
	Architectural Woodwork	\$44,000.00	\$0.00	\$0.00	\$0.00	. \$0.00	\$44,000.00

PUBLIC BUILDING COMMISSION OF CHICAGO EXHIBIT A CONTRACTOR'S SWORN STATEMENT AND AFFIDAVIT FOR PARTIAL PAYMENT (3 of 3)

[1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1		[
		-					
ļ	ł						
SUBTOTALS		\$9,326,035.00	\$2,631,844.80	\$263,184.48	\$1,487,159.64	\$881,500.68	\$6,957,374.68

Amount of Original Contract	\$9,326,035.00	Total Amount Requested	\$2,631,844.80
Extras to Contract	\$0.00	Less 10% Retained	\$263,184.48
Total Contract and Extras	\$9,326,035.00	Net Amount Earned	\$2,368,660.32
Credits of Contract	\$0.00	Amount of Previous Payments	\$1,487,159.64
Adjusted Contract Price	\$9,326,035.00	Amount Due This Payment	\$881,500.68
		Balance to Complete	\$6,957,374.68

Contractor certifies that to the best of its knowledge, information and belief, the work is in accordance with the Contract Documents; that suppliers of materials, services, labor and all Subcontractors (including all significant sublevels thereof) are being currently paid, and that the amounts of the payments applied for are justified. These provisions should not be construed as conferring any rights hereunder for the benefit of Subsuppliers, workers or employees, nor as entarging or attering the application or effect of existing lien laws.

That the Weivers of Lien and submitted herewith by affiant for affiant and each of the aforesald persons, are true, correct, and genuine; that each and every Walver of Lien was delivered unconditionally; that there is no claim either legal or equitable to defeat the validity of any said Walvers of Lien; that said Walvers of Lien include such Walver of Lien from all Subcontractors, suppliers, of material or other agents acting on behalf of affiant in connection with the Work or arising out of the Work; and that so far as affiant has knowledge or information, the said Walvers of Lien include all the labor and material for which a claim could be made and for which a lien could be filed.

That neither the partial payment nor any part thereof has been assigned.

That said Contractor herein expressly affirms that should it at any time appear that any illegal or excess payments have been made to said Contractor by or on behalf of the PUBLIC BUILDING COMMISSION OF CHICAGO, the said Contractor will repay on demand to the PUBLIC BUILDING COMMISSION OF CHICAGO the amount or amounts so paid; and if any lien remains unsatisfied after all payments are made, the Contractor shall refund to the PUBLIC BUILDING COMMISSION OF CHICAGO all moneys that the latter may be compelled to pay in discharging such a lien including all costs and reasonable attorneys (46).

(To be signed by the President or a Vice President)

Robert C. Blum

President

Subscribed and sworn to before me this

day of

October, 2007

Susan Foss, Notary Public My Commission Expires: 4/27/08

OFFICIAL SEAL

SUSAN FOSS SUSAN FOSS NOTARY PUBLIC - STATE OF ILLINOIS NOTARY PUBLIC - STATE OF ILLINOIS NY COMMISSION EXPIRES:04/27/08

31st

State of Illinois

County of Cook SS

EXHIBIT B

CONTRACTOR'S WAIVER OF LIEN FOR PARTIAL PAYMENT

TO WHOM IT MAY CONCERN:

WHEREAS an Illinois Corporation, has been employed by the PUBLIC BUILDING COMMISSION OF CHICAGO, as Owner, under Contract Number 1454, dated the 13th of March, 2007 to <u>Castle</u> <u>Construction Corporation</u> for <u>Engine Company 70</u> located at 6030 N. CLARK STREET, CHICAGO, IL

NOW, THEREFORE, KNOW YE, that the undersigned for and in consideration of a partial payment
Of Eight Hundred Eighty One Thousand Five Hundred and 68/100 (\$881,500.68) adjusted
contract price of Nine Million Three Hundred Twenty Six Thousand Thirty Five Dollars and 00/100 (\$9,326,035.00) and other
good and valuable considerations, the receipt whereof is hereby acknowledged, the undersigned does hereby
waive and release any and all lien, or claim, or right of lien under the Statutes of the State of Illinois relateing to
Mechanics' Liens, on account of labor or materials, or both, furnished by the undersigned to the extent of that
part of the aforesaid work for which partial payment is requested.

IN WITNESS WHEREOF, the undersigned has caused its corporate seal to be hereunto affixed and these presents to be sighned by its <u>President</u> and attested by its <u>Notary</u> on this 31st day of October, 2007 pursuant to authority given by the <u>President</u> of said Corporation.

(Corporate Seal)

Title: President

Susan Foss Notary Public

My Commission expires: 4/27/08

2

By: Robert C. Blur

OFFICIAL SEAL SUSAN FOSS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:04/27/08

Status Report of MBE/WBE (Sub) Contract Payments

EXHIBIT Q

Name of Project Contract Number

Engine Company 70 Fire Station

PBCC Project No. FS-008

State of : Illinois	
Country (City) of:Cook	
In connection with the above-captioned	contract
I HEREBY DECLARE AND AFFIRM the	t I am the President
and duly authorized representative of	Castle Construction Corporation

and that the following Minority and Women Business Enterprises (MBEs/WBEs) have been contracted with, and have furnished, or are furnishing and preparing materials for, and have done or are doing labor on the above referenced projects that there is due and to become due them, respectively the amounts set opposite their names for material or labor as stated; and that this is full, true and complete statement of all such MBEs/WBEs and of the amounts paid due, and to become due to them:

		GOODS/SERVICES	AMOUNT OF	TOTAL	AMOUNT	BALANÇE
MBE/WBE NAME		PROVIDED	CONTRACT	PREV. REQUESTS	THIS REQUEST	TO COMPLETE
G.A.G. Masonry	MBE	Masonry	\$1,500,000.00	\$67,500.00	\$595,200.00	\$837,300.00
D & S Midwest I	MBE	Carpentry	\$127,000.00	\$0.00	\$0.00	\$127,000.00
Glass Designers I	MBE	Curtainwall.Windows	\$146,250.00	\$0.00	\$0.00	\$146,250.00
Genex Electric I	MBE	Electrical	\$950,000.00	\$86,000.00	\$58,200.00	\$805,800.00
Ability Rockroad \	WBE	Asphalt Paving	\$75,000.00	\$0.00	\$0.00	\$75,000.00
ARC Underground \	WBE	Site Plmbg/Site Con.	\$635,000.00	\$180,811.00	\$92,807.00	\$361,382.00
]				

TOTAL AMOUNT PAID TO MBES TO DATE: \$806,900.00

TOTAL AMOUNT PAID TO WBES TO DATE: \$273,618.00

I DO SOLEMNLY DELCARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT. AND THAT I AM AUTHORIZED ON BEHALF OF THE CONTRACTOR TO MAKE THIS AFFIDAVIT.

SIGNATURE:			(Print o'r Type)	
			(Signature of Affiant)	
NAME OF AFFIA	NT:	Robert C. Blum		
			(Print or Type)	
DATE:		10/31/2007		
		(Print or Type)		
State of	Illinois			

County (C	ity) of <u>Cook</u>	
	This instrument was acknowledged before me on	10/31/2007 (date)
by	Robert C. Blum	(names of person/s)
as	President	(type of authority, e.g. officer, trustee, etc)
of	Castle Construction Corporation	(name of party on behalf of whom instrument
was execu	ted).	Signature of Notary Public
	(Seal)	OFFICIAL SEAL SUSAN FOSS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:04/27/08

	<u>WAIVER (</u>	OF LIEN TO DATE		_		
STATE OF ILLINOIS COUNTY OF COOK S					y # crow #	
TO WHOM IT MAY CONCERS WHEREAS the undersigned has to furnish EXCAVATION for the premises known as ENC of which THE CITY OF CHICA	been employed by <u>CASTLE</u> SINE CO. 70 FIRE STATION					
THE undersigned, for and in consideration of thirty-six-thousand, & 00/100*********** (\$36,000.00) Dollars, and other good and valuable considerations, subject to payment being made, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' 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 labor, services, material, fixtures, apparatus or machinery, furnished to this date, by the undersigned for the above described premises.						
DATE: September 18, 2007						
,	0 0	COMPANY NAME R.W.				
		ADDRESS <u>7225 W. 66th S</u>	St., Chicago, IL	<u>60638</u>		
SIGNATURE AND TITLE	m de l'allait	President				
*(EXTRAS INCLUDE BUT ARE I	NOT LIMITED TO CHANGE O		WRITTEN, TO 1	HE CONTRACT	•	
	CONTRACT	TODIC A PEID ANTE				
STATE OF ILLINOIS COUNTY OF COOK SS	CONTRAC	TOR'S AFFIDAVIT				
TO WHOM IT MAY CONCERN	N:					
THE UNDERSIGNED,	Ann H. Collins, BEING DU					
OF R.W. Collins Co. WHO IS T			WORK ON TH	IE BUILDING I	LOCATED	
AT 6030 N. CLARK ST., CHIC	CAGO, IL OWNED BY T	HE CITY OF CHICAGO.				
That the total amount of the contract all waivers are true, correct and gent waivers. That the following are the having contracts or sub contracts for become due to each, and that the iter	uine and delivered unconditional names and addresses of all partie specific portions of said work o	ly and that there is no claim eit es who have furnished material r for material entering into the	her legal or equit or labor, or both, construction ther	able to defeat the , for said work an eof and the amour	validity of said d all parties nt due or to	
NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE	AMOUNT	THIS	BALANCE	
		INCLDG EXTRAS*	PAID	PAYMENT	DUE	
R.W. Collins Co.	Excavating	\$65,975.00	\$0	\$36,000.00	\$29,975.00	
					-	
TOTAL LABOR AND MATER	IAL INDLUDING	\$65,975.00	\$0	\$36,000.00	\$29,975.00	
EXTRAS* TO COMPLETE.			·			
						

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 October 26, 2007

SIGNATURE: _

SUBSCRIBED AND SWORN TO BEFORE ME THIS 26th DAY OF October, 2007.

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN TO THE CONTRACT.

NOTARY PUBLIC

OFFICIAL

JENNA L. RZAB MY COMMISSION EXPIRES MAY 17, 2010

STATE OF ILLINOIS} COUNTY OF COOK } SS

WAIVER OF LIEN TO DATE

GTY#	
LOAN #	
INV #	

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by <u>Castle Construction Corp</u> to furnish <u>Plumbing Labor & Material</u> for the premises known as <u>Engine Co 70 Fire Station</u>, 6030 N Clark St, Chicago IL 60660 of which <u>The City of Chicago</u> is/are the owner(s).

The undersigned, for and in consideration of <u>One Hundred Fifty-nine Thousand Two Hundred Seventy and 30/100 (\$159,270.30)</u>
<u>Dollars</u>, and other good and valuable consideration, 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 Illinois, relating to mechanics' 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 labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises.

Given under _	personal	hand	of officer	and seal of	All Service Plumbing, Inc. this 30th Day of September, 2007.
				_	10

Signature and Seal: ALL SERVICE PLUMBING, INC. 49

Mark Brennan, President

Note: All waivers must be for the full amount paid. If waiver is for a corporation, corporate hame should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.

STATE OF ILLINOIS}
COUNTY OF COOK } SS

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he is _______Mark H. Brennan, President of the ______All Service Plumbing, Inc. ______ who is the contractor for the Plumbing Labor & Material work on the building located at Engine Co 70 Fire Station, 6030 N Clark St. Chicago IL 60660 owned by _______ The City of Chicago ______ The total amount of the contract including extras (to date as of 09/30/07) is \$ 417,300.00 on which he has received payment of \$0.00 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 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	WHAT FOR	CONTRACT	AMOUNT	THIS	BALANCE
		PRICE	PAID	PAYMENT	DUE
Leeps Supply Co Inc	UG Mtl	32,200		24,480	7,720
SG Supply Co	UG,Rough,Trim Mtl	175,800		67,725	108,075
Will Supply Corp	Copper Pipe	16,800		2,272.50	14,527.50
Am Insulation WBE	Insulation	12,800		0	12,800
Metropolitan Industry	Booster	15,000		0	15,000
Rental Max	Equip	5,450		4,905	545
All Srv Plumbing Inc	Labor & Benefits	112,990		38,886.30	74,103.70
All Srv Plumbing Inc	Stock Supplies	10,860		6,750	4,110
All Srv Plumbing Inc	Profit & Overhead	13,700		3,748.50	9,951.50
All Sry Plumbing Inc	Supervision	11,100		3,213	7,887
All Srv Plumbing Inc	Equip	5,600		5,040	560
All Srv Plumbing Inc	Contract Submtl	5,000		2,250	2,750
TOTAL LABOR AND MATERIAL TO COMPLETE		417,300		159,270.30	258,029.70

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.

OFFICIAL SEAL
J RENEE BRENNAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/26/08

Signed this 30th day of September , 2007.

Signature: Mark Brennan, President

2007.

Subscribed and sworn to before me this 30th day of September

Signature: Hence Bears

STATE OF ILLINOIS			Gty#		
COUNTY OF Cook SS					-
TO WHOM IT MAY CONCERN:					
WHEREAS the undersigned has been employed by	All Service	e Plumbing,	Inc.	,	
to furnish Copper Tube					
for the premises known as Engine Co. 70	Fire Station, 6030	N. Clark S	St., Chica	ago, IL	
of which The City of Chicago	,				is the owner.
THE undersigned, for and in consideration	of Two Thousand Tw	o Hundred S	Seventy-Tv		
(\$\frac{2,272.50}{\text{properties}}\)) Dollars, and other hereby waive and release any and all lien or claim of with respect to and on said above-described premise furnished, and on the moneys, funds or other consider fixtures, apparatus or machinery, furnished to this data to be a paratus of the control	er good and valuable consider, or right to, lien, under the case, and the improvements the crations due or to become dute by the undersigned for the	lerations, the rece e statutes of the S nereon, and on the ue from the owne he above-describe	ipt whereof is state of Illinois e material, fixer, on account of the premises, IN	hereby acknowl s, relating to med tures, apparatus of all labor, servi NCLUDING EX	edged, do(es) chanics' liens, or machinery ices, material,
	DRESS 8133 W. 189		· -		· ·
SIGNATURE AND TITLE	The same			esident	
*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE	GE ORDERS, BOTH ORALIAN	D WRITTEN TO T	· · · · · · · · · · · · · · · · · · ·	-	
	NTRACTOR'S AF		TIL CONTRACT		
ON THE OF THE HOLD (CC	VIRACION SAF	LIDVALI			
COUNTY OF Cook			,	•	
TO WHOM IT MAY CONCERN:					•
THE UNDERSIGNED, (NAME) Peto	er L. Mangione		BEING	DULY SWORN	I, DEPOSES
AND SAYS THAT HE OR SHE IS (POSITION)				<u> </u>	OF
(COMPANY NAME) Will Supply Co	orp.			W	
CONTRACTOR FURNISHING Copper T	ube	1 157		ORK ON THE	BUILDING
LOCATED AT 6030 N. Clark St., Chie	cago, IL		 -	· · · · · · · · · · · · · · · · · · ·	· ·
OWNED BY The City of Chicago					<u> </u>
That the total amount of the contract including extract \$\ 2,272.50\$ prior to this payme there is no claim either legal or equitable to defeat the who have furnished material or labor, or both, for said or for material entering into the construction thereof labor and material required to complete said work ac	ent. That all waivers are true the validity of said waivers. I I work and all parties having and the amount due or to b	e, correct and gen Fhat the following g contracts or sub ecome due to eac	uine and delive g are the name contracts for	ered uncondition s and addresses specific portions	of all parties of said work
NAMES AND ADDRESSES		CONTRACT PRICE	AMOUNT	l THIS	BALANCE
	WHAT FOR	INCLDG EXTRAS*	PAID	PAYMENT	DUE
Plumbing supplies taken from fully paid inventories and	Copper Tube	16,800.00	0_	2,272,50	14,527.50
delivered on our own trucks.			·		
		 			
· · · · · · · · · · · · · · · · · · ·		 		<u> </u>	
TOTAL LABOR AND MATERIAL INCLUDING EX	XTRAS* TO COMPLETE.	1		<u> </u>	14,527.50
That there are no other contracts for said work outstate or other work of any kind done or to be done upon on DATE October 24, 2007 SIGNUSSCRIBED AND SWORN TO BEFORE ME TH	r in connection with said wo	ork other than abo	come due to a	ny person for m	aterial, labor
	OFFICIAL S	EAL T		<u>/)</u> , <u>200</u> ;	_

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHARGE AMEN A. RODRIGUEZ ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT. NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 1/4/2009 f.1722 R5/96

Provided by Chicago Title Insurance Company

NOTARY PUBLIC

PAGE 02

10/18/2007 17:10

Richand Landing Council Council Highligh persons in Proc. Group to 11 Mg pp. 44.

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CASTLE CONSTRUCTION

PAGE 02/03

WAIVER OF LIEN TO DATE

COUNTY	FCOOK }	,				
TO WHOM	IT MAY CON	ICERN:	•		_	
WHEREAS		ned has been employed t	NISSE KITOWN BE	ENVICE PLU ENGIN	nbing la	Truc Stations.
1 24 480	THE SING	in consideration of	Slary Four	thousand .	our herdred	eighty of Notes
do(es) waive mechanics' meterial, flui tive from tive undersigned	end felence ilens, with re tures, appara vocation, unlead for the above	ollars, and other good and any and all ison or claim aspect to and on said all alua or machinery fumish, secular of laker our skets, and secribed premises.	boys-described p ed, and on the m	n, under the electronic management of the	u es of the State of reprovements th	f illinois, relating to erean, and on the
Given under	our hand this	1972 day of <u><i>Dat</i></u>	open 2007	1		
		· Signature	and Seal;	John O	ametro	<u> </u>
building lease. That the total there is no cla who have fur	red being light and being light and being light and ligh	الله wom, deposes and	cran is 6/2/ cran is 6/2/ s are true, correct the validity of and a	for the world owned by ware That the fill parties having care	Mivered uncondi ligwing are the n rithde or sub cor	o Bicelved payment of tionally and that ames of all parties thents for specific
, Nen	70.	Description of Work	Tona (a)		r 	
120 /100	6 6	Ut MATERIAL	Contract Price	Armt. Prev. Pd.	This Payment	Balance Due
- 10-11			32,200.00	<u> 47 </u>	24 480.00	7720.00
					L	
Total L	Abor and Ma	terial to Complete:				
hat there are	na other con ibur or other day Subscribed	tracts for said work outstand work of sny kind done or the Contract of sworm before me this:	By:	ere is nothing due in connection wi	or to become due in said work other	to any person than above stated.
hat there are or material, la	na other con ibur or other day Subscribed	tracts for said work outsta work of siny kind done or to Octoby 2007	By:	ere is nothing due in connection wi	or to become due in said work other	to any person than above stated.
hat there are or material, la	na other con ibur or other day Subscribed	tracts for said work outstand work of sny kind done or the Contract of sworm before me this:	By:	NOTARY P	Tarron L. GLUTH UBLIC STATE OF INDIANA LAKE COUNTY	than above stated.



Gty#

Escrow #

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by ALL SERVICE PLUMBING INC.

to furnish UNDERGROUND PLUMBING MATERIAL

for the premises known as ENGINE COMPANY FIRE STATION, 6030 N. CLARK STREET of which CITY OF CHICAGO is the owner.

THE undersigned, for and in consideration of SIXTY SEVEN THOUSAND SEVEN HUNDRED TWENTY FIVE AND 00/100

(\$67,725.00) 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 Illinois, relating to mechanics' 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 OCTOBER	19, 2007
--------------	----------

COMPANY NAME SG SUPPLY COMPANY

ADDRESS (29)00 S. THROOP STREET, CALUMET PARK, IL

SIGNATURE AND TITLE

CRAIG A. WEISS - VICE PRESIDENT

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) CRAIG A. WEISS BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) VICE PRESIDENT OF (COMPANY NAME) SG SUPPLY COMPANY WHO IS THE CONTRACTOR FURNISHING UNDERGROUND PLUMBING MATERIALS WORK ON THE BUILDING LOCATED AT 6030 N. CLARK STREET, CHICAGO, IL

OWNED BY CITY OF CHICAGO

That the total amount of the contract including extras* is \$175,800.00 on which he or she has received payment of \$0.00 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 AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
SG SUPLY COMPANY	UNDER GROUND	175,800.00	0.00	67,725.00	108,075.00
		 		 	
		<u> </u>		1.	<u> </u>
TOTAL LABOR AND MATERIAL INCLUDING EXT	RAS* TO COMPLETE.	175,800.00	0.00	67,725.00	108,075.00

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 OCTOR	ER 19,	2007
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SIGNATURE:

SUBSCRIBED AND SWORN TO BEFORE ME THIS

19th

OCTOBER

DAY OF

2007

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

Provided by Chicago Title Insurance Company

OFFICIAL SEAL
WANDA L WILLIAMS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/21/11

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| STATE OF ILLINOIS                               | }                                      |                       |                           |                      |                              |  |  |
|-------------------------------------------------|----------------------------------------|-----------------------|---------------------------|----------------------|------------------------------|--|--|
|                                                 | > ss                                   |                       |                           | ty <u>#</u>          |                              |  |  |
| COUNTY OF COOK                                  | }                                      | Loan #                |                           |                      |                              |  |  |
| WHEREAS the undersigned has been to furnish CON | employed by<br>crete work              | Castle Constr         | uction Corporatio         | n                    | <del></del>                  |  |  |
| for the premises known as                       | Engine Company 70, 60                  | 030 N. Clark, Ch      | icago, IL                 |                      |                              |  |  |
| of which Public Building                        | g Commission                           |                       |                           |                      | is the owner                 |  |  |
| The undersigned, for and in consideration       | on of Fifty-Five T                     | housand Six Hu        | indred Eighty-Sev         | en and 50/100        |                              |  |  |
| \$55,687.50 Dolla                               | ers and other good and valuable        | considerations, the   | receipt whereof is he     | reby acknowledged,   |                              |  |  |
| do(es) hereby waive and release any and         | d all lien or claim of, or right to li | en, under the statut  | es of the state of illino | ois,relating         |                              |  |  |
| to mechanics' liens, with respect to and        | on said above described premis         | es, and the improve   | ments thereon, and o      | n the material,      |                              |  |  |
| fixtures, apparatus or machinery furnish        |                                        |                       |                           |                      |                              |  |  |
| owner, on account of labor services, ma         |                                        | chinery, furnished to | this date by the unde     | ersigned             |                              |  |  |
| for the above described premises, INCL          | UDING EXTRAS.                          |                       |                           |                      |                              |  |  |
| DATE 10(8/07                                    | COMPANY ŅA                             | ME                    | Natola Concrete, Inc.     |                      |                              |  |  |
|                                                 | ADDRESS/                               |                       | 800 Lee Street            |                      |                              |  |  |
|                                                 | Λ / //.:                               | <del>//</del>         | Des Plaines, Illinois     | 60016                |                              |  |  |
| SIGNATURE AND TITLE                             | Jank ! W                               | · W                   | <del> </del>              |                      |                              |  |  |
|                                                 | Joseph Natbla, Presiden                | t<br>                 |                           |                      |                              |  |  |
|                                                 | CONTRACT                               | TOR'S AFFIDAV         | <u>IT</u>                 |                      |                              |  |  |
| STATE OF ILLINOIS }                             |                                        |                       | <del></del>               |                      |                              |  |  |
| > 5:                                            | 5                                      |                       |                           |                      |                              |  |  |
| COUNTY OF COOK }                                |                                        |                       |                           |                      |                              |  |  |
| TO WHOM IT MAY CONCERN:                         |                                        |                       |                           |                      |                              |  |  |
| THE UNDERSIGNED,                                | Joseph Natola                          |                       |                           | BEING DULY SW        | ORN,                         |  |  |
| DEPOSES AND SAYS THAT HE OR SHE                 | IS (POSITION)                          | President             |                           | OF THE (COMF         | PANY)                        |  |  |
| Natola Concrete, la                             | nc.                                    |                       |                           |                      |                              |  |  |
| WHO IS THE CONTRACTOR FOR THE                   | concrete                               |                       |                           | _ WORK ON THE B      | UILDING                      |  |  |
|                                                 | ne Company 70, 6030 N. Clark, C        | hicago, IL            |                           |                      |                              |  |  |
| OWNED BY Public Building Co                     | mmission                               |                       |                           |                      |                              |  |  |
| That the total amount of the contract inc       | luding extras is                       | \$280,000.00          | OI                        | n which he has recei | ived payment                 |  |  |
| of \$101,970.00 prior to this payme             | ent. That all waivers are true, co     | rrect and genuine a   | nd delivered uncondit     | ionally and that     |                              |  |  |
| there is no claim either legal or equitable     | e to defeat the validity of said wa    | ivers. That the follo | owing are the names o     | of all parties who   |                              |  |  |
| have furnished material or labor, or both       | •                                      | •                     | •                         | •                    |                              |  |  |
| work or for material entering into the co       |                                        |                       |                           | t the items          |                              |  |  |
| mentioned include all labor and material        | required to complete said work         | according to plans    | and specifications.       |                      |                              |  |  |
|                                                 |                                        | CONTRACT              | AMOUNT                    | THIS                 | BALANCE                      |  |  |
| NAMES                                           | WHAT FOR                               | PRICE                 | PAID                      | PAYMENT              | DUE                          |  |  |
| Natola Concrete, Inc.                           | Labor & Materials                      | \$ 163,600.00         | \$ 53,289.09              | \$ 53,141.45         | \$ 57,169.46                 |  |  |
| Prairie                                         | Materials                              | \$ 88,400.00          | \$ 23,480.91              | \$ 2,546.05          | \$ 62,373.04                 |  |  |
| United Construction                             | Materials                              | \$ 28,000.00          | \$ 25,200.00              |                      | \$ 2,800.00                  |  |  |
| <del></del>                                     | <del></del> .                          |                       |                           |                      | \$ -                         |  |  |
| <u> </u>                                        | <u> </u>                               | <del> </del>          |                           |                      | <u>\$</u>                    |  |  |
| TOTAL LABOR AND MATERIAL TO COM                 | IDI ETE                                | \$ 280,000.00         | \$ 101,970.00             | \$ 55,687.50         | \$ <i>-</i><br>\$ 122,342.50 |  |  |
| TO THE ENDOTE AND MIATERIAL TO GOIN             |                                        | Ψ 200,000.00          | Ψ 101,570.00              | _ ψ - υυ,υυτ.υυ      | Ψ 122,042.50                 |  |  |
| That there are no other contracts for said      | _                                      | _                     | •                         | · •                  |                              |  |  |
| material, labor or other work of any kind       | done or to be done upon or in co       | onnection with said   | work other than abov      | e stated.            |                              |  |  |
| Signed this 18 th                               | day of                                 | Uctabe                | r A I                     |                      | 2007                         |  |  |
|                                                 |                                        | 1                     | 71.                       |                      | 2007                         |  |  |
|                                                 | Signature:                             | bough                 | 1000                      |                      |                              |  |  |
| Subscribed and sworn to before me this          | s 1864                                 | _ day of              | October                   |                      | 2007                         |  |  |
|                                                 |                                        | ر کر                  | 201 7                     |                      |                              |  |  |
| Official Seal                                   | ννζ                                    | les                   | ne 11. De                 | Salro                |                              |  |  |
| Elayne N DeSalvo                                | ζ                                      | Notary Public /       |                           |                      | <del></del>                  |  |  |
| Notary Public State of Illinois                 |                                        |                       |                           |                      |                              |  |  |
| My Commission Expires 06/07/2                   | ···· )                                 |                       |                           |                      |                              |  |  |
| ************                                    | ~~÷                                    |                       |                           |                      |                              |  |  |

| STATE OF ILLINOIS | 1 |    |
|-------------------|---|----|
| COUNTY OF Cook    | } | 22 |

| Gty # |
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| COUNTY OF Cook                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                       |                                                                                                                       | Escrow                                                                                       | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| TO WHOM IT MAY CONCERN:                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                       |                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |
| WHEREAS the undersigned has been employed by                                                                                                                                                                                                                                                                            | , Natola Concrete, Inc                                                                                                                                                                |                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |
| to furnish Ready Mixed Concrete                                                                                                                                                                                                                                                                                         | J                                                                                                                                                                                     |                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |
| for the premises known as Engine Company                                                                                                                                                                                                                                                                                | 70, 6030 N. Clark, Chi                                                                                                                                                                | cago, IL                                                                                                              |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |
| of which Public Building Commission                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                 |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | is the owner                                                       |
| THE undersigned, for and in consideration                                                                                                                                                                                                                                                                               | or TwoThousandFiv                                                                                                                                                                     | eHundredFor                                                                                                           | tvSixDollars                                                                                 | and 05/100t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |
| (\$\frac{\$2,546.05}{\text{off}}\) Dollars, and off hereby waive and release any and all lien or claim with respect to and on said above-described premisturnished, and on the moneys, funds or other consistivutes, apparatus or machinery, furnished to this of DATE September 14, 2007                               | ther good and valuable consists of, or right to, lien, under the ses, and the improvements derations due or to become a date by the undersigned for OMPANY NAME Propress 7601 W. 79th | derations, the reme statutes of the thereon, and on the from the own the above-described airie Materia Street, Bridge | ceipt whereof in State of Illino the material, finer, on account ped premises, I Sales, Inc. | s hereby acknowns, relating to make the | vledged, do(es<br>echanics lien<br>s or machines<br>vices, materia |
| SIGNATURE AND TITLE Keith R. Heldt,                                                                                                                                                                                                                                                                                     | Corporate Credit Mar                                                                                                                                                                  | nager                                                                                                                 |                                                                                              | U.J.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7                                                                  |
| *EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHAP                                                                                                                                                                                                                                                                             | NGE ORDERS, BOTH ORAL A                                                                                                                                                               | ND WRITTEN, TO                                                                                                        | THE CONTRAC                                                                                  | Т.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,                                                                  |
| STATE OF ILLINOIS CO                                                                                                                                                                                                                                                                                                    | NTRACTOR'S AF                                                                                                                                                                         | FIDAVIT                                                                                                               |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |
| STATE OF ILLINOIS COUNTY OF COOK SS                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                       |                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |
| TO WHOM IT MAY CONCERN:                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                       |                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |
|                                                                                                                                                                                                                                                                                                                         | D Holdt                                                                                                                                                                               |                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |
| THE UNDERSIGNED, (NAME) Keith AND SAYS THAT HE OR SHE IS (POSITION)                                                                                                                                                                                                                                                     |                                                                                                                                                                                       | Authorized A                                                                                                          |                                                                                              | DULY SWOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N, DEPOSES                                                         |
| (COMPANY NAME) Prairie Material Sales,                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       | Additionzed A                                                                                                         | gerit.                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF                                                                 |
| CONTRACTOR FURNISHING Ready Mixed                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                       | <del></del>                                                                                                           |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WHO IS THE                                                         |
| LOCATED AT Engine Company 70, 6030 N                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                 |                                                                                              | WORK ON THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BUILDING                                                           |
| OWNED BY Public Building Commission                                                                                                                                                                                                                                                                                     | 1. Olark, Olloago, IZ                                                                                                                                                                 |                                                                                                                       | <del></del>                                                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |
|                                                                                                                                                                                                                                                                                                                         | <u> </u>                                                                                                                                                                              | <del></del>                                                                                                           | <del></del>                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                        |
| That the total amount of the contract including extra \$\\$23,480.91 prior to this payre there is no claim either legal or equitable to defeat the who have furnished inaterial or labor, or both, for sail or for material entering into the construction thereof labor and material required to complete said work as | nent. That all waivers are tru<br>he validity of said waivers.<br>id work and all parties havin<br>f and the amount due or to b                                                       | e, correct and ge<br>That the following<br>geontracts or subsections due to ea                                        | nuine and deli-<br>ng are the nam<br>b contracts for                                         | es and addresses<br>specific portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nally and that<br>of all parties<br>of said work                   |
| NAMES AND ADDRESSES                                                                                                                                                                                                                                                                                                     | T was a bas                                                                                                                                                                           | CONTRACT PRICE                                                                                                        | AMOUNT                                                                                       | THIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BALANCE                                                            |
| All material taken from our fully paid for stockpiles and del                                                                                                                                                                                                                                                           | WHAT FOR livered by our own trucks.                                                                                                                                                   | INCLING EXTRAS                                                                                                        | PAID                                                                                         | PAYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DUE                                                                |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                       |                                                                                              | <b>+</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                  |
|                                                                                                                                                                                                                                                                                                                         | _                                                                                                                                                                                     |                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                       | <del></del>                                                                                                           | 1                                                                                            | <del>  ``</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                  |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                       | <del> </del>                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |
| TOTAL LABOR AND MATERIAL INCLUDING E                                                                                                                                                                                                                                                                                    | XTRAS* TO COMPLETE                                                                                                                                                                    | \$88,400.00                                                                                                           | \$23,480.91                                                                                  | \$2,546.05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$62,373.04                                                        |
| That there are no other contracts for said work outstoor other work of any kind done or to be done upon of DATE September 14, 2007                                                                                                                                                                                      | anding, and that there is not in connection with said w                                                                                                                               | thing due or to book other than ab                                                                                    | ecome due to a                                                                               | any person for n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | naterial, labor                                                    |
| SUBSCRIBED AND SWORN TO BEFORE ME TH                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       | AY OF Sept                                                                                                            | ember                                                                                        | 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                       | /                                                                                                                     | 11                                                                                           | ····· · <del>/</del> · - <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |
| *EXTRAS INCLUDE BUT ARE NOT LIMITED TO C                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                                                                                                       | 1 y                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |

ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT,

"OFFICIAL SEAL"

| ( :   |         |       |        | 2 2004 |
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| 1464  | 28 W/L/ |       |        |        |
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| OTHER CHARLES TO THE COLUMN TO | ALVER OF LIEN                                                | IU DATE                        |                                       |                                         |                       |
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| STATE OF ILLINOIS SS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | v v                                                          |                                | Gty#                                  | ł <u> </u>                              |                       |
| COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                | Escrow #                              | ·                                       | ,                     |
| TO WHOM IT MAY CONCERN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              | •                              |                                       | <del></del>                             | <u> </u>              |
| WHEREAS the undersigned has been employed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | . CASTLE CO                                                  | NSTRUC                         | TIDAL                                 |                                         | •                     |
| to furnish STRUCTURAL ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TEF!                                                         |                                | 11010                                 | <del></del>                             | <del></del>           |
| for the premises known as ENGINE 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | O FIRESTATI                                                  | N                              | · · · · · · · · · · · · · · · · · · · | <del></del>                             |                       |
| of which THE CITY OF CHICAGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                |                                       | <del></del>                             | is the owner.         |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del></del>                                                  |                                | Tiburnen Co                           | 10.1                                    | مل.                   |
| THE undersigned, for and in consideration (\$117,450.00) Dollars, and other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | or good and valuable consi                                   | derations, the rea             | Peint whereof is                      | herebu acknow                           | - <u>IETY POLLA</u>   |
| neredy waive and release any and all lien or claim (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of, or right to, lien, under the                             | re statutes of the             | State of Illinois                     | s, relating to me                       | chanics' liens        |
| with respect to and on said above-described premis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es, and the improvements t                                   | hereon, and on t               | he material, fix                      | tures, apparatus                        | or machinery          |
| furnished, and on the moneys, funds or other consid<br>fixtures, apparatus or machinery, furnished to this d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | erations due or to become of<br>ate by the undersigned for t | lue from the own               | er, on account o                      | of all labor, serv                      | ices, material,       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MPANY NAME ME                                                |                                |                                       |                                         | .TICAD.               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DDRYSS, 57 E. 247                                            |                                |                                       |                                         | Lanelli               |
| SIGNATURE AND TITLE I MIST ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Margal                                                       | 10 1/                          | PHO TO                                | GIC/81-, 19                             | <del>-</del> WU411    |
| *EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GE OPDERE POTTI OR 41 A)                                     | VID TIME TO                    |                                       | <u> </u>                                | 1                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                | THE CONTRACT                          |                                         |                       |
| STATE OF ILLINOIS SS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NTRACTOR'S AF                                                | FIDAVIT                        | : •                                   |                                         |                       |
| COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                |                                       |                                         |                       |
| TO WHOM IT MAY CONCERN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                                |                                       | 3                                       | :_                    |
| THE UNDERSIGNED, (NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MOTHY MER                                                    | CEDE                           | BEING                                 | DULY SWORN                              | L DEPOSES             |
| AND SAYS THAT HE OR SHE IS (POSITION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VICE- PRESI                                                  | DENT                           |                                       |                                         | OF                    |
| (COMPANY NAME) MERCEDES F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ABRICATION                                                   | -                              |                                       | . W                                     | HO IS THE             |
| CONTRACTOR FURNISHING STRUC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TURAL STE                                                    | EL                             | W                                     | ORK ON THE                              |                       |
| LOCATED AT 6030 N. CLARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ST, CHICAG                                                   | OIL                            |                                       |                                         |                       |
| OWNED BY THE CITY OF (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HICAGO                                                       |                                |                                       |                                         |                       |
| That the total amount of the contract including extra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **:s\$ 375.000.                                              | 00                             | on which he or                        | che hac receive                         | d novement of         |
| prior to this payme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ent. That all waivers are true                               | e correct and ger              | nuine and delive                      | red uncondition                         | ally and that         |
| mere is no claim eliner legal or equitable to defeat th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e validity of said waivers.                                  | That the following             | o are the name                        | and addresses.                          | of all parties        |
| who have furnished material or labor, or both, for said<br>or for material entering into the construction thereof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | l work and all parties havin                                 | g contracts or sul             | contracts for s                       | pecific portions                        | of said work          |
| labor and material required to complete said work ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | cording to plans and specifi                                 | ccome due lo ea<br>cations:    | cii, and mar me                       | items mentione                          | d include all         |
| NA STORAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Para and the second                                          | T                              | 43 FOTO TO                            | Andrew Street                           | -                     |
| NAMES AND ADDRESSES  *MCRCEDES FABRICATION!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WHAT FOR                                                     | CONTRACT PRICE INCLUDE EXTRAS! | AMOUNT<br>PAID                        | THIS<br>PAYMENT                         | BALANCE<br>DUE        |
| MK.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FABRICATION<br>DECKING I JOIST                               | 117,450,00                     | Φ                                     | 14,000.00                               | 54,358.00             |
| AAA SUPPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STEEL                                                        | 52,131.00                      | Ð                                     | 58,450,00<br>45,000,00                  | 59,000,00<br>7,131.00 |
| QUINCOK4-DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ERECTION                                                     | 122,061.00                     | <b>Ө</b> -                            | Ф                                       | 122061.00             |
| NA-DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SHOP DRANINGS                                                | 15,000.00                      | 2,250.00                              | · <del>O</del>                          | 12,750,00             |
| TOTAL LABOR AND MATERIAL INCLUDING EX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TRAS* TO COMPLETE.                                           | 375,000,00                     | 2,250,00                              | 117,450,00                              | 255,300.00            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                | J                                     | , , , , , , , , , , , , , , , , , , , , |                       |
| That there are no other contracts for said work outstand or other work of any kind done or to be done upon or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nding, and that there is not                                 | hing due or to be              | come due to an                        | y person for ma                         | iterial, labor        |
| 17\ 1 / ( / \ / )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | in connection with said wo                                   | ork other than an              | ove stated                            |                                         | 1 ·                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | naturé: Y MM                                                 | My                             | · Wew                                 | rede V.                                 | P                     |
| SUBSCRIBED AND SWORN TO BEFORE ME THI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s <u>25</u> d                                                | AY OF Oct                      | obeh                                  | <u> </u>                                |                       |
| *EXTRAS INCLUDE BUT ARE NOT LIMITED TO CI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ·                                                            | 60                             | Mas                                   | coo                                     |                       |
| ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CT: S OFFICIAL                                               |                                | NOTARY                                | PITRI TO                                |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ₹ ERIN MER                                                   | ATE OF ILLINOIS                |                                       |                                         |                       |
| f.1722:R5/96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Providen by Chipsen Te                                       | a resurance Co                 | hpany                                 | •                                       |                       |

STATE OF ILLINOIS
COUNTY OF COOK

To Whom It May Concern:

WHEREAS the undersigned has been employed by *Mercedes Fabrication, Inc.* to furnish *structural steel and/or crane* for the premises known as *Engine 70 Fire Station,* and located at *6030 North Clark, in Chicago, Illinois,* of which *The City of Chicago - PBC* is the owner.

THE undersigned, for and in consideration of *Forty-Five Thousand and 00/100 (\$45,000.00)* 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 Illinois, relating to mechanics' 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: October 26, 2007 SIGNATURE AND TITLE:

AAA Supply Corporation, 608 Route, 41, Schererville, IN 46375-1297

Merrill V. Kikkert, President

\*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

#### **CONTRACTOR'S AFFIDAVIT**

STATE OF ILLINOIS

COUNTY OF COOK

To Whom It May Concern:

THE UNDERSIGNED, Merrill V. Kikkert, being duly sworn, deposes and says that he is President of AAA Supply Corporation, who is the contractor furnishing *structural steel and/or crane* work on the building located at *6030 North Clark, in Chicago, Illinois*, owned by *The City of Chicago - PBC*.

That the total amount of the contract including extras\* is \$52,131.00 on which he or she has received payment of \$0 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 AND ADDRESSES                  | WHAT FOR        | CONTRACT PRICE INCLDG EXTRAS* | AMOUNT<br>PAID | THIS PAYMENT | BALANCE<br>DUE |
|--------------------------------------|-----------------|-------------------------------|----------------|--------------|----------------|
| AAA Supply Corporation               | Steel           | \$52,131.00                   | \$0            | \$45,000.00  | \$7,131.00     |
|                                      |                 |                               |                | +            |                |
| TOTAL LABOR/MATERIAL INCLUDING EXTRA | S* TO COMPLETE. | <u> </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: October 26, 2007

SIGNATURE: /\_\_\_

Merrill V. Kikkert, President

SUBSCRIBED AND SWORN TO BEFORE ME THIS 26th DAY OF OCTOBER, 2007.

\*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

Deborah E. McCarty, Notary Public

Residing in Lake County, Indiana

# STATE OF ILLINOIS SS WAIVER OF LIEN TO DATE COUNTY OF

| Gty # | · |
|-------|---|
| -     |   |

| COUNTY OF                                                                                                                                                                                                                                                                                                  | Escrow #                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| TO WHOM IT MAY CONCERN:                                                                                                                                                                                                                                                                                    | AA                                                                                                                               | ىس.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                                 |
| WHEREAS the undersigned has been employed by_ to furnish                                                                                                                                                                                                                                                   | MERCE                                                                                                                            | nes Fa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BRICAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ט מר                                                                                          |                                                                                 |
| for the premises known as ENGINE                                                                                                                                                                                                                                                                           |                                                                                                                                  | a= STAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | טמר                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · -                                                                                           |                                                                                 |
| of which _ THE CITY OR CH                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | i                                                                                             | s the owner.                                                                    |
| THE undersigned, for and in consideration of (\$_58450.00) Dollars, and other hereby waive and release any and all lien or claim of, with respect to and on said above-described premises furnished, and on the moneys, funds or other consideratives, apparatus or machinery, furnished to this date DATE | good and valuable consider, or right to, lien, under the stations due or to become due by the undersigned for the MPANY NAME     | erations, the receistatutes of the Sereon, and on the from the owner above-describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | sipt whereof is he state of Illinois, a material, fixther, on account of the premises, IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | hereby acknowle, relating to mech<br>ures, apparatus of<br>all labor, service<br>ICLUDING EXT | edged, do(es)<br>hanics' liens,<br>or machinery<br>ces, material,<br>TRAS.*     |
| SIGNATURE AND TITLE                                                                                                                                                                                                                                                                                        | ORESS <u>5141 Bar.,</u><br>O <i>DM M. O</i> D                                                                                    | $\sim$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               | 32                                                                              |
| *EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGI                                                                                                                                                                                                                                                              | E ORDERS BOTH ORAL AND                                                                                                           | TOT TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>.                                      </u>                                                |                                                                                 |
| ) (0)                                                                                                                                                                                                                                                                                                      | TRACTOR'S AFF                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HE CUNTRACT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               | ~~~~~~                                                                          |
| STATE OF ILLINOIS SS COUNTY OF                                                                                                                                                                                                                                                                             | INACIONO                                                                                                                         | TDVATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                                 |
| TO WHOM IT MAY CONCERN:                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                                 |
| THE UNDERSIGNED, (NAME)                                                                                                                                                                                                                                                                                    | PERLINI, K                                                                                                                       | NOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BEING!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DULY SWORN,                                                                                   | DEPOSES                                                                         |
| AND SAYS THAT HE OR SHE IS (POSITION)                                                                                                                                                                                                                                                                      | PRESIDE                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               | OF                                                                              |
| (COMPANY NAME) TYNK                                                                                                                                                                                                                                                                                        | SALES 12                                                                                                                         | ) C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | W                                                                                             | HO IS THE                                                                       |
| CONTRACTOR FURNISHING METER                                                                                                                                                                                                                                                                                | DECK & Jois                                                                                                                      | TS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ORK ON THE I                                                                                  |                                                                                 |
| LOCATED AT 6030 N. C. AR                                                                                                                                                                                                                                                                                   |                                                                                                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VIGE 51                                                                                       |                                                                                 |
| OWNED BY THE CITY OF CHICA                                                                                                                                                                                                                                                                                 | ,                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                                 |
| That the total amount of the contract including extras*                                                                                                                                                                                                                                                    | is \$ 117450.0 nt. That all waivers are true, validity of said waivers. Twork and all parties having and the amount due or to be | , correct and gen<br>hat the following<br>contracts or sub<br>come due to eac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nuine and delive<br>g are the names<br>contracts for s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s and addresses of                                                                            | ally and that of all parties of said work                                       |
| NAMES AND ADDRESSES                                                                                                                                                                                                                                                                                        | WHAT FOR                                                                                                                         | CONTRACT PRICE INCLING EXTRAS*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS                                                                                          | BALANCE                                                                         |
| TMV. SALES INC.                                                                                                                                                                                                                                                                                            | WETTER DECK                                                                                                                      | 117450,0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PAID<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 58450.00                                                                                      | <u>DUE</u><br>5900.00                                                           |
|                                                                                                                                                                                                                                                                                                            | <del> </del>                                                                                                                     | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                                 |
|                                                                                                                                                                                                                                                                                                            |                                                                                                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del> </del>                                                                                  |                                                                                 |
|                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                                 |
| TOTAL LABOR AND MATERIAL INCLUDING EX                                                                                                                                                                                                                                                                      | TRAS* TO COMPLETE.                                                                                                               | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del>                                     </del>                                              | <del></del>                                                                     |
|                                                                                                                                                                                                                                                                                                            | 1410                                                                                                                             | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u></u>                                                                                       | - <del>}</del>                                                                  |
| TOTAL LABOR AND MATERIAL INCLUDING EX  That there are no other contracts for said work outstan or other work of any kind done or to be done upon or  DATE 10/19/07 SIGI SUBSCRIBED AND SWORN TO BEFORE ME THIS  *EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHOORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT   | iding, and that there is noth in connection with said wo NATURE:  S  D  JANGE                                                    | aing due or to be rk other than about the result of the re | come due to ar<br>ove stated.<br>When here<br>we have an horizontal an horizontal an horizontal and hor | eny person for ma  ROJ.  LOS Y PUBLIC                                                         | OFFICIAL SEAL SUSAN K MEAD NOBARY PUBLIC - STATE OF II NA COMMISSION EXPIRES OF |
|                                                                                                                                                                                                                                                                                                            |                                                                                                                                  | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PUBLIC                                                                                        | FILLINOIS                                                                       |
| f.1722 R5/96                                                                                                                                                                                                                                                                                               | Provided by Chicago Titl                                                                                                         | le Insurance Cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nnany                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               | <b>₹</b> ∞% ₹                                                                   |

STATE OF ILLINOIS COUNTY OF COOK TO WHOM IT MAY CONCERN:

| to furnish                                                                      | ELECTRICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CONSTRUCTION                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                     |  |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| for the premises known                                                          | as ENGI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NE COMPANY #70 FIR                                                                                                                                                                                                                                                                                                                   | E STATION                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                     |  |
| •                                                                               | UBLIC BUILDING COMM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | is the own                                                                                                                                          |  |
| -                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | is the own                                                                                                                                          |  |
| (\$72,900.00 waive and release any and on said above –desmoneys, funds or other | undersigned, for and in co) Dollars and oth and all lien or claim of, or r cribed premises, and impl considerations due or to b this date by the undersign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | er good and valuable co<br>ight to, lien under the standard<br>covernents thereon, and<br>ecome due from the ow                                                                                                                                                                                                                      | ensiderations, the receipt<br>atutes of the State of Illino<br>on the materials, fixtures<br>ner, on account of labor s                       | undred and 00/100<br>whereof is hereby acknowled<br>pis, relating to mechanics' lost apparatus or machinery fusionities, apparatus or machinery fusionities, according to the control of the con | edged, do(es) hereby iens, with respect to urnished with the life in incomparatus GORPO                                                             |  |
| Given under my hand                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               | seal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                     |  |
| this30                                                                          | ostday of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | September, 2007                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SEAL                                                                                                                                                |  |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | СОМ                                                                                                                                                                                                                                                                                                                                  | PANY NAME:                                                                                                                                    | GENEX CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1999 /                                                                                                                                              |  |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADDE                                                                                                                                                                                                                                                                                                                                 | TECC 4444.4                                                                                                                                   | Sauce Diagon Cuita 400 Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                     |  |
| NOTE: All wa                                                                    | eivers must be for the full amou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | unt paid. If waiver is for the o                                                                                                                                                                                                                                                                                                     | corporation, corporate name :                                                                                                                 | Should be used, corporate seal<br>d sign and delegate himself as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | affixed and file or other                                                                                                                           |  |
|                                                                                 | , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>F-1.1.5.1</b>                                                                                                                                    |  |
| STATE OF ILLINOIS<br>COUNTY OF COOK                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONTRA                                                                                                                                                                                                                                                                                                                               | CTOR'S AFFIDAVIT                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                     |  |
| TO WHOM IT MAY CO                                                               | ONCERN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                     |  |
| President                                                                       | ed being duly sworn, der                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SENEX CORPORATION                                                                                                                                                                                                                                                                                                                    | )N                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                     |  |
| who is the contractor f                                                         | urnishing for E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NGINE COMPANY #                                                                                                                                                                                                                                                                                                                      | TO FIDE OTATION                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | work of the building                                                                                                                                |  |
| In a sale of the                                                                | C000 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Olaska Oktober III                                                                                                                                                                                                                                                                                                                   | OFIRE STATION                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | work or the ballang                                                                                                                                 |  |
| located at                                                                      | 6030 N. City of Contract including                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Clark, Chicago, IL<br>Chicago<br>extras is \$ <u>950,000.00</u>                                                                                                                                                                                                                                                                      | <u> </u>                                                                                                                                      | on which he(she) has rece                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | eived payment of                                                                                                                                    |  |
| owned by                                                                        | 6030 N. City of Coordinate Contract including a prior to this paymer legal or equitable to defect for said work and all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar feat the validity of said I parties having contra ue or to become due to                                                                                                                                                                                 | o<br>e true, correct and genu<br>waivers. That the follow<br>cts or sub contracts for<br>e each, and that the item                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | eived payment of<br>litionally and that<br>parties who have furnishe<br>vork or for material enteri                                                 |  |
| owned by                                                                        | 6030 N.  City of Coffice the contract including prior to this paymer legal or equitable to defoth, for said work and allereof and the amount duald work according to pla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers areat the validity of said I parties having contra ue or to become due to ans and specifications.                                                                                                                                                           | o e true, correct and genu waivers. That the follow cts or sub contracts for each, and that the item                                          | on which he(she) has rece<br>line and delivered uncond<br>ving are the names of all p<br>specific portions of said w<br>as mentioned include all la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | eived payment of<br>litionally and that<br>parties who have furnishe<br>vork or for material enteri<br>abor and material                            |  |
| owned by                                                                        | 6030 N. City of Coordinate Contract including a prior to this paymer legal or equitable to defect for said work and altereof and the amount during the coordinate coo | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar feat the validity of said I parties having contra ue or to become due to                                                                                                                                                                                 | o<br>e true, correct and genu<br>waivers. That the follow<br>cts or sub contracts for<br>e each, and that the item                            | on which he(she) has rece<br>line and delivered uncond<br>ving are the names of all p<br>specific portions of said w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | eived payment of<br>litionally and that<br>parties who have furnishe<br>vork or for material enteri                                                 |  |
| owned by                                                                        | 6030 N. City of Coff the contract including prior to this paymer legal or equitable to deform on the contract and the amount duald work according to play the contract of the  | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar feat the validity of said I parties having contra ue or to become due to ans and specifications.  CONTRACT PRICE 405,351.00 100,000.00                                                                                                                   | o e true, correct and genu waivers. That the follow cts or sub contracts for each, and that the item  AMOUNT PAID  0.00  2,250.00             | on which he(she) has receive and delivered uncondying are the names of all pspecific portions of said was mentioned include all to THIS PAYMENT 43,551.60 29,348.40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | bived payment of litionally and that parties who have furnished price or for material enterination and material  BALANCE DUE  361,799.00  68,401.60 |  |
| owned by                                                                        | 6030 N. City of Coff the contract including of prior to this paymer regal or equitable to defoth, for said work and all hereof and the amount duald work according to play                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar feat the validity of said I parties having contra ue or to become due to ans and specifications.  CONTRACT PRICE 405,351.00                                                                                                                              | o e true, correct and genu waivers. That the follow cts or sub contracts for each, and that the item                                          | on which he(she) has receive and delivered unconding are the names of all papers of said was mentioned include all to the the same of the        | eived payment of litionally and that parties who have furnishe vork or for material enteria abor and material  BALANCE DUE 361,799.00               |  |
| owned by                                                                        | 6030 N. City of Coff the contract including of prior to this payme regal or equitable to defeath, for said work and all aid work according to plate what for the company of | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar feat the validity of said I parties having contra ue or to become due to ans and specifications.  CONTRACT PRICE 405,351.00 100,000.00                                                                                                                   | o e true, correct and genu waivers. That the follow cts or sub contracts for each, and that the item  AMOUNT PAID  0.00  2,250.00             | on which he(she) has receive and delivered uncondying are the names of all pspecific portions of said was mentioned include all to THIS PAYMENT 43,551.60 29,348.40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | bived payment of litionally and that parties who have furnished price or for material enterination and material  BALANCE DUE  361,799.00  68,401.60 |  |
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| owned by                                                                        | 6030 N. City of Coff the contract including of prior to this payme regal or equitable to defeath, for said work and all aid work according to plate what for the company of | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar feat the validity of said I parties having contra ue or to become due to ans and specifications.  CONTRACT PRICE 405,351.00 100,000.00 53,000.00 56,400.00                                                                                               | o e true, correct and genu waivers. That the follow cts or sub contracts for each, and that the item  AMOUNT PAID  0.00  2,250.00  0.00  0.00 | on which he(she) has receive and delivered uncondying are the names of all properties of said was mentioned include all later than the payment 43,551.60 29,348.40 0.00 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BALANCE DUE 361,799.00 68,401.60 53,000.00 56,400.00                                                                                                |  |
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| owned by                                                                        | 6030 N. City of Coff the contract including prior to this paymer regal or equitable to defoth, for said work and altereof and the amount duald work according to plate what for ELEC WORK MATERIAL GENERATOR PANELS LIGHTING LOW VOLT SYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar feat the validity of said I parties having contra ue or to become due to ans and specifications.  CONTRACT PRICE 405,351.00 100,000.00 53,000.00 56,400.00 87,249.00 248,000.00                                                                          | AMOUNT PAID 0.00 2,250.00 0.00 0.00 0.00 0.00                                                                                                 | THIS PAYMENT  43,551.60  29,348.40  0.00  0.00  0.00  72,900.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BALANCE DUE  361,799.00  68,401.60  53,000.00  56,400.00  248,000.00  87,249.00  248,000.00                                                         |  |
| owned by                                                                        | 6030 N. City of Coff the contract including prior to this paymer regal or equitable to defoth, for said work and altereof and the amount duald work according to plate what for ELEC WORK MATERIAL GENERATOR PANELS LIGHTING LOW VOLT SYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar eat the validity of said I parties having contra ue or to become due to ans and specifications.  CONTRACT PRICE 405,351.00 100,000.00 53,000.00 56,400.00 87,249.00 248,000.00 950,000.00                                                                | AMOUNT PAID 0.00 2,250.00 0.00 0.00 0.00 0.00                                                                                                 | THIS PAYMENT  43,551.60  29,348.40  0.00  0.00  0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BALANCE DUE  361,799.00  68,401.60  53,000.00  56,400.00  248,000.00  87,249.00  248,000.00                                                         |  |
| owned by                                                                        | 6030 N. City of Coff the contract including prior to this paymer legal or equitable to defoth, for said work and altered and the amount duald work according to plate where the complete when the complete when the complete with the complete when th | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar eat the validity of said I parties having contra ue or to become due to ans and specifications.  CONTRACT PRICE 405,351.00 100,000.00 53,000.00 56,400.00 87,249.00 248,000.00 950,000.00                                                                | AMOUNT PAID  0.00  2,250.00  0.00  2,250.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00                                                         | THIS PAYMENT  43,551.60  29,348.40  0.00  0.00  0.00  72,900.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BALANCE DUE  361,799.00  68,401.60  53,000.00  56,400.00  248,000.00  87,249.00  248,000.00                                                         |  |
| owned by                                                                        | 6030 N. City of Coff the contract including of prior to this paymer legal or equitable to detoth, for said work and allered and the amount duald work according to plate what for ELEC WORK MATERIAL GENERATOR PANELS LIGHTING LOW VOLT SYS  ATERIAL TO COMPLETE tracts for said work outstanding action with said work other than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar feat the validity of said I parties having contra ue or to become due to ans and specifications.  CONTRACT PRICE 405,351.00 100,000.00 53,000.00 56,400.00 87,249.00 248,000.00 950,000.00 g, and that there is nothing h above stated.                  | AMOUNT PAID  0.00  2,250.00  0.00  2,250.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00                                                         | THIS PAYMENT  43,551.60  29,348.40  0.00  0.00  0.00  72,900.00  person for material, labor or oll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BALANCE DUE  361,799.00  68,401.60  53,000.00  56,400.00  248,000.00  87,249.00  248,000.00                                                         |  |
| owned by                                                                        | 6030 N. City of Coff the contract including of prior to this paymer legal or equitable to detoth, for said work and allered and the amount duald work according to plate what for ELEC WORK MATERIAL GENERATOR PANELS LIGHTING LOW VOLT SYS  ATERIAL TO COMPLETE tracts for said work outstanding action with said work other than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar feat the validity of said I parties having contra ue or to become due to ans and specifications.  CONTRACT PRICE 405,351.00 100,000.00 53,000.00 56,400.00 87,249.00 248,000.00  950,000.00 g, and that there is nothing n above stated.  day of Signed: | AMOUNT PAID  0.00  2,250.00  0.00  2,250.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00                                       | THIS PAYMENT  43,551.60  29,348.40  0.00  0.00  0.00  72,900.00  person for material, labor or oll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BALANCE DUE  361,799.00  68,401.60  53,000.00  56,400.00  248,000.00  87,249.00  248,000.00                                                         |  |
| owned by                                                                        | 6030 N. City of Coff the contract including prior to this paymer legal or equitable to defoth, for said work and altereof and the amount duald work according to plate where the company of the company o | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar feat the validity of said I parties having contra ue or to become due to ans and specifications.  CONTRACT PRICE 405,351.00 100,000.00 53,000.00 56,400.00 87,249.00 248,000.00  950,000.00 g, and that there is nothing n above stated.  day of Signed: | AMOUNT PAID  0.00  2,250.00  0.00  2,250.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00                                       | THIS PAYMENT  43,551.60  29,348.40  0.00  0.00  0.00  0.00  0.00  person for material, labor or oll  mber, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BALANCE DUE  361,799.00  68,401.60  53,000.00  56,400.00  248,000.00  87,249.00  248,000.00                                                         |  |
| owned by                                                                        | 6030 N. City of Coff the contract including or prior to this paymer regal or equitable to defoth, for said work and all pereof and the amount duald work according to play the said work according to play what for ELEC WORK MATERIAL GENERATOR PANELS LIGHTING LOW VOLT SYS  ATERIAL TO COMPLETE tracts for said work outstanding edition with said work other that ed this 30st                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Clark, Chicago, IL Chicago extras is \$ 950,000.00 ent. That all waivers ar feat the validity of said I parties having contra ue or to become due to ans and specifications.  CONTRACT PRICE 405,351.00 100,000.00 53,000.00 56,400.00 87,249.00 248,000.00  950,000.00 g, and that there is nothing n above stated.  day of Signed: | AMOUNT PAID  0.00  2,250.00  0.00  2,250.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00                                       | THIS PAYMENT  43,551.60  29,348.40  0.00  0.00  0.00  0.00  0.00  person for material, labor or oll  mber, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BALANCE DUE  361,799.00  68,401.60  53,000.00  56,400.00  87,249.00  248,000.00  87,249.00  her work of any kind done or                            |  |

STATE OF ILLINOIS COUNTY OF COOK TO WHOM IT MAY CONCERN:

| to furnish                                                                                                                               |                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                    |                                                                                                                     |                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|                                                                                                                                          | ELECTRICAL SU                                                                                                                                                                                                                                         | PPLIES                                                                                                                                                                        |                                                                                                                                    |                                                                                                                     |                                                                                                            |
| for the premises know                                                                                                                    | wn as ENGINE (                                                                                                                                                                                                                                        | COMPANY #70 FIRE                                                                                                                                                              | STATION                                                                                                                            |                                                                                                                     |                                                                                                            |
| of which                                                                                                                                 | PUBLIC BUILDING COMMISS                                                                                                                                                                                                                               | ION                                                                                                                                                                           |                                                                                                                                    | ·                                                                                                                   | is the owne                                                                                                |
| TI                                                                                                                                       | ne undersigned, for and in consid                                                                                                                                                                                                                     | deration ofTWEN                                                                                                                                                               | TY NINE THOUSAND T                                                                                                                 | HREE HUNDRED FOURTY                                                                                                 | ' EIGHT & 40/100                                                                                           |
| and on said above -<<br>moneys, funds or oth                                                                                             | ) Dollars and other g<br>ny and all lien or claim of, or right<br>described premises, and improve<br>er considerations due or to beco<br>to this date by the undersigned                                                                              | to, lien under the sta<br>ements thereon, and o<br>ome due from the owr                                                                                                       | tutes of the State of Illino<br>on the materials, fixtures,<br>er, on account of labor s                                           | apparatus or machinery fur                                                                                          | ens, with respect to<br>mished, and on the                                                                 |
| G                                                                                                                                        | iven under my hand                                                                                                                                                                                                                                    |                                                                                                                                                                               | and s                                                                                                                              |                                                                                                                     |                                                                                                            |
| lhis                                                                                                                                     | 30thday ofS                                                                                                                                                                                                                                           | eptember, 2007                                                                                                                                                                |                                                                                                                                    | · · · · · · · · · · · · · · · · · · ·                                                                               |                                                                                                            |
|                                                                                                                                          | С                                                                                                                                                                                                                                                     | OMPANY NAME:                                                                                                                                                                  | STEINER E                                                                                                                          | LECTRIC Company                                                                                                     | -                                                                                                          |
| NOTE: AI<br>signing waiver should be                                                                                                     | A<br>I waivers must be for the full amount p<br>e set forth: if waiver is for partnership,                                                                                                                                                            | oald. If waiver is for the o                                                                                                                                                  | orporation, corporate name :                                                                                                       | GROVE VILLAGE, IL 6000<br>should be used, corporate seal a<br>d sign and delegate himself as p                      | affixed and title of officer                                                                               |
| STATE OF ILLINOI<br>COUNTY OF COO                                                                                                        |                                                                                                                                                                                                                                                       | CONTRA                                                                                                                                                                        | CTOR'S AFFIDAVIT                                                                                                                   |                                                                                                                     |                                                                                                            |
| TO WHOM IT MAY                                                                                                                           | CONCERN:                                                                                                                                                                                                                                              |                                                                                                                                                                               |                                                                                                                                    |                                                                                                                     |                                                                                                            |
| who is the subcontrolocated at owned by That the total amou \$ 2,250.0 there is no claim eit material, or labor, o into the construction | gned being duly sworn, depositions of STE actor furnishing for ENC 6030 N. Cla PUBLIC BUTTO prior to this payment. The regal or equitable to defeat to both, for said work and all pain thereof and the amount due of e said work according to plans. | EINER ELECTRIC COMPANY #7  Ark, Chicago, IL.  JILDING COMMISS  ras is \$ 243,649.00  That all waivers are  t the validity of said arties having contract  or to become due to | OMPANY  OFIRE STATION  OF True, correct and genus waivers. That the followed by some subsects or subsects or subsects or subsects. | n which he(she) has recei<br>ine and delivered uncondi<br>ing are the names of all p<br>specific portions of said w | work of the building wed payment of tionally and that arties who have furnishe ork or for material enterir |
| NAMES                                                                                                                                    | WHAT FOR                                                                                                                                                                                                                                              | CONTRACT PRICE                                                                                                                                                                | AMOUNT PAI                                                                                                                         | THIS PAYMENT                                                                                                        | BALANCE DUE                                                                                                |
|                                                                                                                                          | ELECTRICAL SUPPLIES                                                                                                                                                                                                                                   | 243,649.00                                                                                                                                                                    | 2,250.00                                                                                                                           | 29,348.40                                                                                                           | 212,050.60                                                                                                 |
| <del> </del>                                                                                                                             |                                                                                                                                                                                                                                                       | <del> </del>                                                                                                                                                                  |                                                                                                                                    |                                                                                                                     |                                                                                                            |
|                                                                                                                                          |                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                    |                                                                                                                     |                                                                                                            |
|                                                                                                                                          |                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                    |                                                                                                                     |                                                                                                            |
|                                                                                                                                          |                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                    |                                                                                                                     |                                                                                                            |
|                                                                                                                                          |                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                    |                                                                                                                     |                                                                                                            |
|                                                                                                                                          |                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                    |                                                                                                                     |                                                                                                            |
|                                                                                                                                          |                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                    |                                                                                                                     |                                                                                                            |
|                                                                                                                                          |                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                    |                                                                                                                     |                                                                                                            |
| TOTAL LABOR AND                                                                                                                          | MATERIAL TO COMPLETE                                                                                                                                                                                                                                  | 243,649.00                                                                                                                                                                    | 2,250.00                                                                                                                           | 29,348.40                                                                                                           | 212,050.60                                                                                                 |
| That there are no other                                                                                                                  | MATERIAL TO COMPLETE contracts for said work outstanding, a onnection with said work other than at                                                                                                                                                    |                                                                                                                                                                               | 2,250.00                                                                                                                           | <del></del>                                                                                                         |                                                                                                            |
| That there are no other to be done upon or in co                                                                                         | contracts for said work outstanding, a                                                                                                                                                                                                                | and that there is nothing opove stated.                                                                                                                                       | lue or to become due to any                                                                                                        | <del></del>                                                                                                         |                                                                                                            |
| That there are no other to be done upon or in co                                                                                         | contracts for said work outstanding, a<br>onnection with said work other than a                                                                                                                                                                       | nd that there is nothing one stated.                                                                                                                                          | lue or to become due to any                                                                                                        | person for material, labor or oth                                                                                   |                                                                                                            |
| That there are no other to be done upon or in co                                                                                         | contracts for said work outstanding, a<br>onnection with said work other than at<br>igned this                                                                                                                                                        | nd that there is nothing one stated.  day of Signed:                                                                                                                          | Septe                                                                                                                              | person for material, labor or oth                                                                                   |                                                                                                            |
| That there are no other to be done upon or in co                                                                                         | contracts for said work outstanding, a<br>onnection with said work other than at<br>igned this                                                                                                                                                        | nd that there is nothing one stated.  day of Signed:                                                                                                                          | Septe                                                                                                                              | person for material, labor or oth                                                                                   |                                                                                                            |

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/09/09