

UNCONDITIONAL SUBCONTRACTOR/SUPPLIER FINAL LIEN WAIVER AND RELEASE OF CLAIMS

Owne	er:		L3C Project #:	
Projec	:t:			
Project Addres	ss:		City:	
County C)f:		State:	
Subcontractor/Supplie	er:		Application #:	
			Period Ending:	
or Individual (hereinaft other expenses furnishe the above referenced P obligations arising out	that he/she is the authorized er referred to as "Company") ed on the Project described a roject is \$ of the project have been fully with all State and Federal ta	, and the Company has bee bove. The value of the tota The un paid. The undersigned furt	en fully paid for all labor, ma all work in place as of dersigned certifies that all t ther certifies that the	aterials, and all ,20 on the Company's
laws, including any and bond, or administrative "Project" first mentione including its Owners, Be representatives of said Employees and Surety, amount of \$ given and the undersign	s all rights under the Californ all applicable California Reviectaim on the Project. The uned above, to make any claim, pard Members, Staff, Agents, property (hereinafter referre collectively referred to as the end acknowledges that he haver, and he has voluntarily chemically characteristics.	sed Statues, and the Miller dersigned also releases all owhether known or unknown Related Parties, Title Insured to as "Owner(s)"), as weld ("General Contractor") exit relates to the Project design fully reviewed the terms of	Act for Company to file me of the Company's rights relay, against the above name er, Escrow Agent, and auth Il as Level 3 Construction, Incept for disputed claims list scribed herein. This waiver of the waiver, he is fully info	chanics lien, ated to the ed project, orized nc. and its Staff, ted here in the is voluntarily ormed about the
and any others claiming fees, asserting or alleging	nits that the Company will inc g by and through them from a ng the Company has not been d profit) incurred in connection	all claims, lien, liabilities, an n fully paid for all labor, ma	nd losses, including reasona terial, and expenses (includ	ble attorney's
I CERTIFY UNDER PENA CORRECT STATEMENT.	LTY OF PERJURY UNDER LAW	S OF THE STATE OF CALIFOR	RNIA THAT THE ABOVE IS A	TRUE AND
Signature:				
By:				
21.	Print Name			
Title:				
	AUTHORIZED AGENT FOR T	HE COMPANY		