NOTICE OF COMPLETION

| NOTICE IS HEREBY GIVEN THAT: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 1. The undersigned is OWNER of the interest or estate stated below Randall S. Ha | ow in the property hereinafter described. arris. President of H & S CONSTRUCTION. TNC. |
| D. D. D. | 077, Minden, NV 89423 |
| 3. The FULL ADDRESS of the undersigned is | 5777 1211deny 11 03423 |
| 4 The MATURE OF THE INTEREST of ESTATE of the undersi | toward to the fine |
| 4. The NATURE OF THE INTEREST or ESTATE of the undersi | igned is: in ree. |
| Markey by the Mark to | - U l |
| | e, "purchaser under contract of purchase," or "lessee.") |
| | ONS, if any, WHO HOLD SUCH INTEREST or ESTATE with the |
| undersigned as JOINT TENANTS or as TENANTS IN COMMO | |
| NAMES | ADDRESSES |
| | |
| | |
| | est of the undersigned if the property was transferred subsequent to |
| the commencement of the work of improvement herein referred | d to: |
| NAMES | ADDRESSES |
| | |
| | |
| 7. A work of improvement on the property hereinafter described | was COMPLETED |
| 8. The NAME OF THE ORIGINAL CONTRACTOR, if any, for si | \ \ |
| H & S CONSTRUCTION, INC. | uch work of improvement is |
| (If no contractor, | insert (Inone (I) |
| 9. The street address of said property is 2965 Vicky Lar | ne, Minden, NV |
| 10. The property on which said work of improvement was complet | |
| | State of Nevada, and is described as follows: |
| | |
| Lot 14 in BLock B, as set forth on the Offi | |
| Unit No. 1, filed in the office of the Reco | |
| July 1, 1987, Book 787, Page 001, Document | No. 157492 of Official Records. |
| Dated:March 16, 1990 | |
| | H & S CONSTRUCTION, INC. |
| Verification for INDIVIDUAL owner : | Signature of a Nevada corporation |
| | owner named Parell / tan |
| STATE OF | iii puregrapii 2 |
| COUNTY OF) ss. | Randall S. Harris, President |
| | |
| | |
| The undersigned, being first duly sworn, states thathe is the | |
| in the above notice; thathe has read the same, knows and un | iderstands the contents thereof, and that the facts stated herein are |
| true. Signature of | Verification for PARTNERSHIP owner: |
| owner named | STATE OF |
| in paragraph 2 | COUNTY OF) ss. |
| |) |
| SUBSCRIBED AND SWORN TO before me | being duly sworn, says: |
| onSignature | That he is one of the pertners of |
| Notary Public in and for said state, | , the partnership that executed |
| | the foregoing notice as owner of the aforesaid interest or estate in the |
| Verification for CORPORATE owner: STATE OF NEVADA | property therein described; that he makes this verification on behalf of |
| STATE OF NEVADA) COUNTY OF Douglas) ss. | said partnership: that he has read said notice and knows the contents thereof, and that the facts therein stated are true. |
|) | Signature of Partner |
| | SUBSCRIBED AND SWORN TO before me |
| being duly sworn, says: That he is the President | on |
| That he is the FIESIGETE of H & S Construction, Inc. | Signature |
| , the corporation | Notary Public in and for said state. |
| that executed the foregoing notice as owners of the aforesaid interest or | · · · · · · · · · · · · · · · · · · · |
| estate in the property therein described; that he makes this vertification on | · · · · · · · · · · · · · · · · · · · |
| behalf of said corporation; that he has read said notice and knows the contents thereof, and that the facts therein stated are true. | SUZANNE R. WESTRE |
| 111/10 | Q CA NOTARY PUBLIC - NEVADA |
| Signature of officer Karill Kan: | O I'M Soloski DOMOLAS COUNTY |
| SUBSCRIBED AND SWORN TO before me on March 16, 1990 | My Appt. Expires Sept. 25, 1990 |
| Signature Suzume Revestle/Red | de |
| Notary Public in and for said state. | |
| , | PROHESTED BX: 40 COMPTY |
| Out. No | STEWART TITLE STERBOXLAS COUNTY |
| Order No. 03001904 VM | W OFFICIAL RECORDS OF |
| Loan No. | DOUGLAS CO. HI VADA |

WHEN RECORDED MAIL TO: BCX 2077 Minden, NV 89423

90 MAR 16 P1:24

SUZARNE EL AUDREAU RECORDER 222010 \$50 PAIL KAY DEPUTY BOOK 390 PAGE 1934