151

APN: 1420-18-710-010
Recording requested by and mail documents and tax statements, if applicable to:

Name: Vista Painting Sucs. Inc.

Address: 15 Clan Cawan Circle

City/State/Zip: Sparks Nv. 89431

DOC # 0719496
03/13/2008 02:48 PM Deputy: DW
OFFICIAL RECORD
Requested By:
VISTA PAINTING SERVICES INC

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 2

15.00 0.00

Fee:



## NOTICE OF LIEN

## NOTICE IS HEREBY GIVEN:

1.	That Vista Painting Sics. Inc., hereinafter known as "Claimant", hereby claims a lien pursuant to the provisions of N.R.S. 108.221 to 108.246 inclusive, on property located in Douglas County of Nevada. (Set Forth legal description)
	APN: 1420-18-710-010 Address: 3288 Dog Leg Dr.
2.	The amount of the original contract is \$ 160
3.	The total amount of all changes and additions, if any, is \$
4.	The total amount of all payments received to date is \$
5.	The amount of the lien, after deducting all just credits and offsets is \$_160 -
6.	The name of the owner(s), if known, of the property is/are Mynow L. Flo III .
7.	The name of the person by whom the lien claimant was employed to whom the lien claimant furnished work, materials, or equipment is Syncon Homes No. Tro. Sundaye theights III, Lee.
8.	A brief statement of the terms of payment of the lien claimant's contract: Contracted to paint interior + exterior including warranty. Invoiced for completed work + have yet to be paid.
9.	That the claim herein is entitles to a reasonable attorney's fee, statutory interest on the amount of this lien claim and costs incurred in perfecting this lien claim.
10.	THIS FORM COMPLIES WITH NRS 108.226.
In V	Witness Whereof, I/We have hereunto set my/hand ours hands this 12th day of March, 2008.  By: Let A. Trase - Cy Claimant Name (Print)

STATE OF NEVADA ) COUNTY OF WASHOE )	
I, Lei A. Trease, being first duly sworn on oath according to law, deposes and says:	
I have read the foregoing Notice of Lien claim, know the contents thereof, and state that the same is true of my own personal knowledge, except for those matters upon information and belief, and as to those matters, I believe them to be true.  Authorized Signature of Claimant  Printed Name of Claimant	
Subscribed and sworn to me this 13th day of March, 2008.	
Notary Public  My Commission Expires: () 1000 2 8010	