## SUBCONTRACTOR'S AND MATERIALMAN'S FINAL RELEASE AND WAIVER OF LIEN

| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| KNOWN ALL MEN BY THESE PRESENTS, That, WHEREAS, the undersigned, (Hereinafter referred to as "Subcontractor") has heretofore entered into an agreement with <b>BRADFORD BUILDING COMPANY</b> , <b>INC.</b> (Hereinafter referred to as "Contractor") to do the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Project: and, Whereas, the Subcontractor has been paid in full for all services and work performed and materials furnished, or, if not so paid, has agreed to release BRADFORD BUILDING COMPANY, INC. UPON RECEIPT OF FINAL PAYMENT IN THE AMOUNT OF \$ from any obligation to protect Subcontractor and to waive any lien or right of lien which Subcontractor may have on said premises to secure payment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NOW, THEREFORE, in order to induce (OWNER) to make payment to Contractor, Subcontractor hereby waives and releases any and all liens, rights of liens, and claims on or against the premises at the address above given and on any and all structures and buildings located thereon arising under any law of the State wherein said premises are situated; and hereby releases and discharges <b>BRADFORD BUILDING COMPANY, INC.</b> and the Owner from any obligation to protect Subcontractor for and on account of work performed and materials furnished by Subcontractor at said premises. Subcontractor represents that all sales and use taxes if any, applicable to any materials furnished by or for Subcontractor have been paid in full. Subcontractor represents that all contributions, taxes or payments required to be made because of employees of the Subcontractor by the Federal and State Unemployment Compensation Acts, Social Security Acts, or any other amendments thereto, and by all other or future Acts, State of Federal, have been paid by the Subcontractor. |
| Signed, sealed and delivered this day of, 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Subcontractor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Ву:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Sworn to before me and subscribed in my presence thisday of, 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Notary Public<br>State of:<br>County of:<br>Commission expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |