

2000 16<sup>th</sup> Street Denver, CO 80202 (303) 405-2100 www.davita.com

December 10, 2012

Dale Galassie Chairman Illinois Health Facilities and Services Review Board 525 West Jefferson Street, 2<sup>nd</sup> Floor Springfield, Illinois 62761

RECEIVED

DEC 1 1 2012

RE: Total Renal Care Inc. d/b/a Cobblestone Dialysis

836 Dundee Avenue, Elgin, IL. 60120

Project #10-058

Project Completion and Report of Final Realized Cost

HEALTH FACILITIES & SERVICES REVIEW BOARD

Dear Chairman Galassie:

This letter is the Notice of Project Completion and Report of Final Realized Cost for the above-referenced project in accordance with the revised State Board Rule 1130.770 item b. The CON permit allowed the discontinuation of the existing 14-station dialysis facility known as Sherman Hospital Dialysis – Elgin and establishment of a new 14-station dialysis facility as noted above also in Elgin, Illinois.

Regarding project completion, Cobblestone Dialysis treated it first patient on May 21, 2012. Medicare certification was received with an effective date of coverage of November 21, 2012 (please refer to the letter in Attachment 1).

Regarding final realized costs, please compare the project's altered Original and Final Realized Source and Use of Funds Statements in Attachment 2. These statements provide detailed itemizations of all expenditures and sources of funds for this project. Final realized costs of CON #10-058 are \$2,420,770. These costs are the total costs recorded to complete the project. No additional or associated costs or capital expenditures are related to the project. Please note that these costs are not submitted for reimbursement under Title XVIII or XIX of the Social Security Act.

As the project constitutes a major construction project, with costs exceeding one million dollars, also refer to Attachment 3, the final Application and Certification for Payment for the construction contract, form G702 of the American Institute of Architects.

Please accept this letter as certification and verification of the above-mentioned information.

Sincerely,

Mardie Marcus Damisch Group General Counsel

DaVita HealthCare Partners Inc.

Subscribed and sworn to before me in the County of Denver, State of Colorado, this 10th day of December 2012.

(Notary's official signature)

Seal

LINDA N. O'CONNELL NOTARY PUBLIC STATE OF COLORADO

MY COMMISSION EXPIRES 06-08-2015

06-08-2015

(Commission expiration date)



Pat Quinn, Governor LaMar Hasbrouck, MD, MPH, Director

122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-8119 • www.idph.state.il.us

**ATTACHMENT 1** 

October 23, 2012

### CERTIFIED MAIL RETURN RECEIPT REQUESTED

Donna Provenzano/CEO Cobblestone Dialysis 836 Dundee Ave Elgin, IL 60120

RE: CCN#: 142715

Survey Date: 10/18/12 Survey Type: Relocation

Dear Ms. Provenzano:

On 10/18/12, staff from the Illinois Department of Public Health (IDPH) conducted a Medicare survey at Cobblestone Dialysis.

Regulations at 42 CFR §494 require that a provider must be in compliance with the applicable Conditions of Participation for End Stage Renal Disease Facilities. Based on the survey results, IDPH has determined that Cobblestone Dialysis does not meet the requirements for participation and is not in compliance with the following standard level deficiencies:

- 42 CFR §494.30
- 42 CFR §494.90
- 42 CFR §494.140

Enclosed is form CMS-2567, Statement of Deficiencies, documenting the <u>Standard-level</u> deficiencies found during the survey. All deficiencies cited on the CMS-2567 require a Plan of Correction (PoC). You are required to respond within 10 days of receipt of this notice. Please indicate your corrective actions on the right side of the form CMS-2567 in the column labeled "Provider Plan of Correction," keying your responses to the deficiencies on the left. Additionally, indicate your anticipated completion dates in the column labeled "Completion Date."

An acceptable plan of correction must contain the following elements:

- 1. The plan for correcting each specific deficiency cited;
- 2. Efforts to address improving the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for each deficiency cited:
- 4. A completion date for correction of each deficiency cited;
- 5. A description demonstrating how the hospital has incorporated systemic improvement actions into its Quality Assessment and Performance Improvement (QAPI) program in order to prevent the likelihood of the deficient practice from reoccurring;
- Procedures for monitoring and tracking to ensure that the plan of correction is effective and that specific deficiencies cited remain corrected and/or in compliance with the regulatory requirements; and
- 7. The title of the person responsible for implementing the acceptable plan of correction.

Please return the completed form CMS-2567 within 10 days of receipt of this notice. An authorized official of your facility must sign and date the bottom of the first page of the CMS-2567.

The PoC for the deficiencies must be submitted to:

Illinois Department of Public Health
Division of Health Care Facilities and Programs
Attn: Annette Hodge, Supervisor
122 S. Michigan Avenue, 7<sup>th</sup> Floor
Chicago, Illinois 60603

If you have any questions concerning this notice, please contact **Annette Hodge** at the address above or telephone (312) 793-2222. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely.

Debra D. Bryars, MSN, RN<sup>U</sup> Field Operations Administrator

Division of Health Care Facilities and Programs

Enclosure: CMS-2567

cc: File

POC/DDB/1012/

Improving public health, one community at a time

printed on recycled paper

**ATTACHMENT 1** 

### **ATTACHMENT 2**

### **Use and Source of Funds**

CON # 10-058
FINAL Costs 10/15/2012
\$6,625
1
\$623,240
\$50,192
\$37,770
\$176,453
\$39,590
\$1,375,000
\$111,900
\$2,420,770
\$1,045,770
\$1,375,000
\$2,420,770
ILA ORDER AFTER THE

<sup>\*</sup> The fair market (FMV) of leased space is \$ 208.14/gsf, the Building's development cost of \$ 1,375,000 excluding land for 6,600 gross square foot (GSF) (see attached 7B).

TO (OWNER): Total Renal Care, Inc. 601 Hawaii Avenue El Segundo, CA 90245		PROJECT: DaVita Cobblestone Dialysis, Facility #5551 APPLICATION NO: 836 Dundee Avenue Bigin. IL 60120	Dialysis, Facility #5551	APPLICATION NO:	7	Distribution to: OWNER	
				PERIOD TO:	07/01/12	CONTRACTOR	
FROM (CONTRACTOR): The Dubs Company 1699 East Chicago ; Elein, II. 60120-47	The Dubs Company 1699 East Chicago Street Elgin, IL 60120-4721	VIA (ARCHITECT): Studio GC 1600 Golf Road, Suite 1000 Rolling Meadows, IL 60008		PROJECT NO:	10044		
CONTRACT FOR: Tenant Im	Tenant Improvements			CONTRACT DATE:	06/08/11		
CONTRACTOR'S APPLICATION FOR	PLICATION	FOR PAYMENT					
CHANGE ORDER SHIMMARY			1 OBIGINAL CONTRACT SUM	ACT SUM		508 278	
Change Orders approved in	ADDITIONS	DEDUCTIONS	2. Net change by Change Orders	nge Orders			
previous monais by Owner TOTAL	26662		•	TOTAL COMPLETED & STORED TO DATE		\$ 623,240	
			(Colum	(Column G on G703)			
Approved this Month Number Date Approved			5. RETAINAGE: a. 0	0 % of Completed Work	69	0	
71-4 - 71-16	9,735	11,433	(Colum	(Column D + E on G703)			
			Column I	% of Stored Material (Column F on G703)	<b>59</b>	1	
TOTALS	36,397	11,433	Total In C	Total In Column I of G703)		8	
Net change by Change Orders		24,964	6. TOTAL EARNED LESS RETAINAGE	ESS RETAINAGE		\$ 623,240	
The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been	s that to the best of vered by this Applica	the Contractor's knowledge, tion for Payment has been	(Line 4 Le 7. LESS PREVIOUS (	(Line 4 Less Line 5 Total) LESS PREVIOUS CERTIFICATES FOR			
completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were	Contract Documents, which previous Cert	that all amounts have been flicates for Payment were	S	PAYMEN I (Line 6 from prior Certificate) IRRENT PAYMENT DUE		\$ 70,876	
Issued and payments received from the Owner, and that current herein is now due.	n the Owner, and tha	it current payment shown	9. BALANCE TO FINI (Line 3 le:	BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 6)			
CONTRACTOR:			State of: Illinois	, County of:	(	Cook	
			Subscribed and sworn to before me thi.		12	July 2012	
By:	Date:	07/01/12	My Commission exply	Adgast 4 2010	1916 hericannon		l
ARCHITECT'S CERTIFICATE FOR PAYMENT In accordance with the Contract Documents, based on on-site observations and the	IFICATE FOI	R PAYMENT on-site observations and the	AMOUNT CERTIFIED (Attach explanation is ARCHITECT:	JOSEPH ROBERT D amorakeptiligitorisately MY COMMISSION ESPECIAL	RT DUBS amount applied for.)	solied for.)	

PAGE ONE OF 2

AIA DOCUMENT G702

APPLICATION AND CERTIFICATION FOR PAYMENT

Indicated, the quality of the work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

best of the Architect's knowledge, information and belief the Work has progressed as data comprising the above application, the Architect certifies to the Owner that to the

DN: cn=Jim Burke PM, o=DaVita, -burke@davita.com, c=US Date: 2012.10.12 13:37:36 -05'00' Digitally signed by Jim Burke PM ou=TG, email=james. Jim

MY COMMISSION EXPIRES:08/04/13 Markenson Date:

This Certificate is not negotlable. The AMOUNT CERTIFIED is payable of Mark Contractor named herein. Issuance, payment and acceptance of payment are w prejudice to any rights of the Owner or Contractor under this Contract. G702-1

AIA DOCUMENT GT02 - APPLICATION AND CERTIFICATE FOR PAYMENT \* MAY 1983 EDITION, AIA - 1983 THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W. WASHINGTON, D.C. 20006

# **CONTINUATION SHEET**

## ALA DOCUMENT G703

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 7
APPLICATION DATE: 07/01/12
PERIOD TO: 07/01/12
ARCHITECT'S PROJECT NO: 10044

PAGE 2 OF 3 PAGES

4		၁	Q	3	ĹĻ	9		=	-
E.W	DESCRIPTION OF WORK	SCHEDULED	WORK COMPLETED	(PLETED	MATERIALS	TOTAL	%	BALANCE	RETAINAGE
NO.		VALUE	FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD	PRESENTLY STORED (NOT IN DOR E)	COMPLETED AND STORED TO DATE (D+F+F)	(0+5)	TO FINISH (C - G)	(IF VARIABLE RATE)
	Alltech Plumbing	125,850	125,850			125,850	100%	0	C
	Classic Air (hvac)	49,300	49,300			49,300	100%	0	0
	The Right Approach (electrical)	92,200	92,200			92,200	100%	0	0
	Dubs Co. (OH&P)	25,570	25,570			25,570	100%	0	0
	Dubs Co. (general conditions)	29,68	299'65			59,665	100%	0	0
	Floor prep allowance	6,200		6,200		6,200	100%	0	0
	Permit allowance	2,000		2,000		2,000	100%	0	0
	Final cleaning	2,500	2,500			2,500	100%	0	0
	Nu-Mill (brackets)	2,500	2,500			2,500	100%	0	C
	WKI (millwork)	38,510	38,510			38,510	100%	0	0
	Bane Nelson (doors, frames, hdwe)	17,465	17,465			17,465	100%	0	0
	Dubs Co. (auto door)	5,270	5,270			5,270	100%	0	0
	DeKalb Glazing	7,680	7,680			7,680	100%	0	0
	IBEK	114,846	114,846			114,846	100%	0	• •
	T & M Flooring	15,546	15,546			15,546	100%	0	0
	Executive Installations (epoxy floor)	4,950	4,950			4,950	100%	0	0
	Capitol Decorating (painting)	10,615	10,615			10,615	100%	0	0
	Dubs Co. (FRP)	6,100	6,100			6,100	100%	0	0
	Interior Steel (lockers)	1,930	1,930			1,930	100%	0	· C
	CSI (accessories)	2,994	2,994			2,994	100%	0	• •
	All Star Drapery (blinds)	3,585	3,585			3,585	100%	0	0
	Change Order #1	20,766	20,766			20,766	100%	0	0
	Change Order #2	289	289			289	100%	0	0
	Change Order #3	2,607	2,607			2,607	100%	0	0
1	GRAND TOTALS	624,938	613,738	11,200	0	624,938	100%	0	0

Users may obtain validation of this document by requesting of the license a completed AIA Document D401 - Certification of Document's Authenticity

### G703-1992

## **CONTINUATION SHEET**

### AIA DOCUMENT G703

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed certification is attached.

ITEM Š

APPLICATION DATE: APPLICATION NO:

PAGE 3 OF 3 PAGES

00000000000 (IF VARIABLE RETAINAGE RATE) 10044 07/01/12 07/01/12 0 0 0 00000 BALANCE TO FINISH (C-G) Ħ %001 %00 %001 %00 %001 %001 ARCHITECT'S PROJECT NO: PERIOD TO: (G ÷ C) 2,276 G 1,575 380 1,911 178 624,938 441 AND STORED COMPLETED TO DATE (D+E+F) TOTAL MATERIALS PRESENTLY STORED (NOT IN D OR E) 178 2,276 1,575 380 1,911 441 11,200 THIS PERIOD ш WORK COMPLETED FROM PREVIOUS APPLICATION 613,738 (D+E)Use Column 1 on Contracts where variable retainage for line items may apply. Δ 2,276 178 380 1,911 441 624,938 C SCHEDULED In tabulations below, amounts are stated to the nearest dollar. VALUE B DESCRIPTION OF WORK From previous page Change Order #5 Change Order #7 Change Order #8 Change Order #9 Change Order #4 Change Order #6

0 Users may obtain validation of this document by requesting of the license a completed AIA Document D401 - Certification of Document's Authenticity 0 623,240 9,502 613,738 623,240 GRAND TOTALS

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(233)

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%001 %001 %001 %00 1 %001 8001 %00

681

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Change Order #13 Change Order #14 Change Order #15 Change Order #16

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Change Order #10

Change Order #11 Change Order #12 (233)

(11,200)

899 65

681

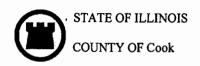
899

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AIA DOCUMENT G703 · CONTINUATION SHEET FOR G702 · 1992 EDITION · AIA · @1992 THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W. WASHINGTON, D.C. 20006-5232

STATE OF:	Illinois					Gty	#	
COLDETY OF	01-	SS				<b>T</b>		
COUNTY OF:	Cook					Esci	row #	
TO WHOM IT	MAY CO	NCERN:						
WHEREAS the u	ndersigned	has been employed by	Total Renal Ca	ire				
to furnish		general construction						
		DaVita Cobblestor	ne Dialysis					
of which	Total Re	nal Care, Inc.					is the	e owner.
(\$70,876.00) Doll lien or claim of, or and the improvem become due from	lars, and other right to, lents thereof the owner,	for and in consideration of	erations, the rece state of Illinois, res, apparatus or notes, material, fixe	ipt whereof if helating to mech nachinery furnis	ereby acknow anics' liens, w shed, and on the	ledged, do(es) hereby th respect to and on the moneys, funds or	y waive and release a said above-describe other considerations	ed premises, due or to
Given u	nder	hand			and	seal	this	
	1 st	hand day of	July			, 2012.		
		•	Signature and S		h -			·
			Signature and S	seal / 1				
		or the full amount paid. If waive or a partnership, the partnership n		d, partner should	sign and design		ixed and title of office	π signing waive
cm i mr on	****							
STATE OF:	Illinois	SS						
COUNTY OF:	Cook	33						
TO WHOM IT N	MAY COI	VCERN:						
		sworn, deposes and says that		Robin M. I Dubs Company				
who is the contract	tor for the	general construction	ກ <u>ເກຍະ</u>	•				
work on the building	ng located	at 836 Dunc	dee Avenue, Elg	in, Illinois 6012	20			
owned by	Total Ren	al Care, Inc.						
		ontract including extras is					as received payment	
equitable to defeat all parties having o	the validit	yment. That all waivers are y of said waivers. That the for sub contracts for specific pothe items mentioned include a	ollowing are the ortions of said w	names of all par	rties who have erial entering	furnished material of the function	or labor, or both, for thereof and the am	r said work an nount due or t
	NAMES	WHAT FO	OR	CONTRAC PRICE	Т	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
	_							
That there are no other	er contracts:	O MATERIAL TO COMPLETE for said work outstanding, and the said work other than above stated.		due or to become	due to any pers	son for material, labor o	or other work of any ki	ind done or to b
Signed th	io	1 at	day of	July		. 2012.		
Signed th	nis	13t	_ day of	July		, 2012.		
			Signature: X			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Subscribed and swo	om to befor		Signature: Z		July	OFFICIAL SEAb1		
Subscribed and SW	orn to belo	e me uns <u>1st</u>		day of		CEPH ROBERT DU	BS✓ }	
			Signature:	bosh	/ 30 Hetan	Y FUBLIC STATE OF	ILLINOIS Nota	ary
			1		MYC	OMMISSION EXPIRES:	18/04/13 	
					70000		towall.	

STATE OF:			Gty	#	
COUNTY OF:			Escr	row #	
TO WHOM IT MAY CONCERN	;				
WHEREAS the undersigned has been to furnishplumbin	employed by The Dubs	Company, Inc.			
for the premises known as	DaVita Dialysis Cabbles	tone.			
of which Total Renal Care,				is the	e owner.
THE undersigned, for and ir (\$\frac{\sqrt{2}}{\sqrt{5}}\frac{\sqrt{5}}{	n, under the statutes of the State on, and on the material, fixtures, account of all labor, services, ma	ons, the receipt whereof if her of Illinois, relating to mechar apparatus or machinery furn terial, fixtures, apparatus or r	reby acknowledged, do(es nics' liens, with respect to ished, and on the moneys,	s) hereby waive and and on said above- , funds or other cons	release any described siderations due
Given under	hand		and seal	this	
<u> </u>	day of	way	<del>2012.</del>		
	Signature	and Seal			-
*NOTE: All waivers must be for the full a should be set forth; if waiver is for a partne				xed and title of office	er signing waive
	CONTRA	ACTOR'S AFFIDAVI	r		
STATE OF:					
SS					
COUNTY OF:					
TO WHOM IT MAY CONCERN:					
THE undersigned, being duly sworn, d					
President	of	Alltech Plumbing			
who is the contractor for the		C. A			
work on the building located at 83	Dundee Hvenue	6/gin 12 60	120		
owned by <u>Total Renal Care, I</u> That the total amount of the contract in	nc.	~~~			
f hat the total amount of the contract in	cluding extras is \$/35 X		on which he ha	s received payment	. 01 . oither legal or
prior to this payme	mt. I nat all waivers are true, co	trect and genuine and deliver	red unconditionally and u	lat there is no claim	either legal of
all parties having contracts or sub con- become due to each, and that the items	macts for specific portions of sa mentioned include all labor and	naterial required to complete	ring into the construction e said work according to i	thereof and the am	iount due or to
<u> </u>		CONTRACT	AMOUNT	THIS	BALANCE
NAMES	WHAT FOR	PRICE	PAID	PAYMENT	DUE
					-
TOTAL LABOR AND MATER					
That there are no other contracts for said wo lone upon or in connection with said work or		ning due or to become due to any	y person for material, labor o	r other work of any ki	nd done or to be
Signed this	day of	May	, 2012.		
~		- Jammana			
	Signature:	QFFICIA .	SEAL		
Subscribed and sworn to before me this		day of OSEPH ROP	SERT DUIDO 2012	<u></u>	
		AN COMPARY TO BATC - S	BIE OF ILLINOIS	37 .	
	Signature:	THE TOTAL	XPIRES:08/04/13	, Nota	<u>iry</u>
	//	/	mm	(seal)	
	17			, ,	



Gty#

Escrow#

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by The Dubs Company

to furnish HVAC

for the premises known as DaVita Cobblestone of which Total Renal Care, Inc. is the owner.

THE undersigned, for and in consideration of four thousand, nine hundred thirty dollars

(\$4,930.00) 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, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.\*

DATE 05/15/12 COMPANY NAME Classic Air Inc

ADDRESS 1576 Von Braun Trail, Elk Grove Village, IL 60007 SIGNATURE AND TITLE	Dellin Hubr	
*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITT	TEN, TO THE CONTRACT	

### CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Cook

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) Debbie Hanks BEING DULY SWORN, DEPOSES

AND SAYS THAT HE OR SHE IS (POSITION) President OF

(COMPANY NAME) Classic Air Inc WHO IS THE

CONTRACTOR FURNISHING HVAC WORK ON THE BUILDING

LOCATED AT 836 Dundee Avenue, Elgin, Illinois 60120

OWNED BY Total Renal Care, Inc.

That the total amount of the contract including extras\* is \$49,300.00 on which he or she has received payment of \$44,370.00 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
Classic Air Inc	Mat & Labor	49,300.00	44,370.00	4,930.00	0
	· · · · · · · · · · · · · · · · · · ·				
TOTAL LABOR AND MATERIAL INCLUDING EXTRA	AS* TO COMPLETE.	49,300.00	44,370.00	4,930.00	0

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 5/15/12	SIGNATURE:	Dellie Harba	
SUBSCRIBED AND SWORN TO BEFORE ME T	ніѕ1.5	DAY OF Mysy	<u>, 2012</u>
*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE	3	gilyalluh	
ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRAC	CT.	NOTAR	Y PUBLIC

Provided by Chicago Title Insurance Company

F.3870 R5/96

			FIINA		LTIEN			
STATE OF:	Illinois	00				Gty	#	
COUNTY OF:	Cook	SS				Escr	ow#	
TO WHOM IT N	ИАҮ СО	NCERN:						
		has been employed by						
for the premises kr	nown as	electric DaVita &	obblestone					
of which							is the	e owner.
and all lien or clair premises, and the i or to become due fi	Dollars  n of, or rig  mprovement  from the over	for and in consideration, and other good and wight to, lien, under the state of the	valuable considerati statutes of the State te material, fixtures I labor, services, ma	ons, the receipt wh of Illinois, relating , apparatus or mach aterial, fixtures, app	ereof if hereby ack to mechanics' lien linery furnished, an	wledged, do(ess, with respect to d on the moneys,	<ul> <li>hereby waive and and on said above- funds or other cons</li> </ul>	described siderations due
Given un	der	1	hand		and sea	I	this	
			day of	pra	1	, 2011.		
				×r —				
			Signature	and Seal $X^{7}$	andy C	-M-		
		or the full amount paid. For a partnership, the part	nership name should b		d sign and designate l		xed and title of office	r signing waive
			CONTRA	ACTOR'S AF	EIDAVII			
STATE OF:	Illinois							
01112011	***********	SS						
COUNTY OF:	Cook							
TO WHOM IT M	IAY COI	NCERN:						
TYPE 1		1		m: D				
		sworn, deposes and s	ays that he/she is	Tim Beni	1 h		V-1	
who is the contracto	or for the	electric	JI	The Right Approac	ĮĮ.			
work on the buildin	g located	at 836 De	indee Avenu	8, Elgin. 14	60180			
owned by	Total Ren	nal Care, Inc.		7				
That the total amount	nt of the c	ontract including extra	as is <u>\$92,200</u>	مِه		on which he ha	s received payment	of
\$82,980=	prior to t	his payment. That all	waivers are true, co	orrect and genuine	and delivered unco	nditionally and th	nat there is no claim	either legal o
equitable to defeat t	he validit	y of said waivers. The	at the following are	the names of all p	arties who have fur	nished material o	r labor, or both, for	said work and
all parties having co	ontracts of	r sub contracts for sp	ecific portions of sa	aid work or for ma	terial entering into	the construction	thereof and the am	ount due or to
become due to each	, and that	the items mentioned in	nclude all labor and	material required	to complete said we	ork according to p	plans and specificati	ions:
				CONTRAC	CT	AMOUNT	THIS	BALANCE
	NAMES		HAT FOR	PRICE		PAID	PAYMENT	DUE
TOTAL LA	BOR ANI	MATERIAL TO COM	PLETE					
		for said work outstanding said work other than abo		thing due or to become	e due to any person f	or material, labor o	r other work of any ki	nd done or to be
•		15		K				
Signed thi	s	/	day of	1 5		, 2011.		
			Signature:	X	delan			
Subscribed and swo	rn to befor	re me this	1500	ay of		, 2011		
				// ‹~›	myssicand	10000	1	
			Signature:_	febres 1	COFFICIAL S	EA CO	, Nota	ary
				// //\$	JOSEPH ROBER	RT DUBS }	(1)	
				( } N	OTARY PUBLIC - STA	TE OF ILLINOIS	(seal)	
				}	MY COMMISSION EXP	IRES:08/04/13		

FINAI	***/ A	$\mathbf{T}$	OF I	TON

STATE OF:	Illinois					Gty #_		
COUNTY OF:	Cook	SS				Escrow	v #	
TO WHOM IT	MAY CON	CERN:						
WHEREAS the un	ndersigned h	as been employed by	Total Renal Care	e, Inc.		,		
to furnish for the premises k		OH&P						
		al Care, Inc.					is the	owner.
(\$2,557.00) Dollar or claim of, or right the improvements due from the owner	rs, and other ht to, lien, un thereon, and er, on accoun	or and in consideration of _ good and valuable consider der the statutes of the State d on the material, fixtures, a not of all labor, services, mat for the above-described pres	rations, the receipt of Illinois, relating pparatus or machin erial, fixtures, appa	whereof if here g to mechanics' ery furnished,	by acknowledged, liens, with respect and on the moneys,	do(es) hereby wa to and on said ab funds or other co	ove-described pre onsiderations due	emises, and or to become
Given u	nder	hand			and seal		this	
		hand day of				<u> 2012.</u>		
			Signature and Se	$\mathbf{X}$	<i>/</i>	_		
		the full amount paid. If waiv a pa <del>rtnership, the partnership</del>	er is for a corporatio	n, corporate nam partner should si	gn and designate him		and title of officer	signing waive
STATE OF:	Illinois	20						
COUNTY OF:	Cook	SS						
TO WHOM IT N	AAY CONG	CERN:						
		worn, deposes and says tha			ubs			<del></del>
who is the contract	or for the	ОН&Р	_ orilleDt	ios Company				
work on the buildir	ng located at	836 Dur	dee Avenue, Elgin	, Illinois 60120				
owned by			#25 570 00			hish ba baan	essived normant.	of
\$23.013.00 prior to	int of the con	ntract including extras is ent. That all waivers are	true correct and	renuine and de			eceived payment of nere is no claim e	
equitable to defeat all parties having of	the validity of	of said waivers. That the fi sub contracts for specific p le items mentioned include	ollowing are the na ortions of said wo	mes of all parti	es who have furnis	hed material or la e construction the	abor, or both, for a ereof and the amo	said work and ount due or to
	NAMES	WHAT F	OR	CONTRACT PRICE		MOUNT PAID	THIS PAYMENT	BALANCE DUE
That there are no other	r contracts for	MATERIAL TO COMPLETE r said work outstanding, and the id work other than above stated	at there is nothing du	e or to become d	ue to any person for t	naterial, labor or of	ther work of any kin	nd done or to be
Signed th	is	15	_day of hay			2012.		
			(x)	A 41:				
		1	Signature: X	<b>23</b> /~~~	Marian	******	_	
Subscribed and swo	orn to before	me this		$-\frac{\mathrm{d}\mathbf{a}}{\mathbf{J}}$ of $\frac{1}{\mathbf{J}}$	SEPHICIAL SEAL	,2012.		
		7	Signature:	no North	TOBERTOL	IB8 (\$	, Nota	г <u>у</u>
				MY CC	INIVISSION EXPINES:	08/04/13		
			//		***************************************	22000	(seal)	

FINA	١T.	XX/A	IVED	OF	I TEN

STATE OF:	Illinois					Gty	#	
COUNTY OF:	Cook	SS				East		
000111101.	COOK					ESC	row #	
TO WHOM IT	MAY CO	NCERN:						
WHEREAS the unto furnish	ndersigned	has been employed by General Conditions	Total Renal Ca	re, Inc.		****		
for the premises kr	nown as	DaVita Cobblest	one					_
of which	Total Re	nal Care, Inc.					<u>i</u> s th	e owner.
(\$11,933.00) Dolla lien or claim of, or and the improvement become due from t	ars, and oth right to, li ents thereo he owner,	for and in consideration of _ ter good and valuable considen, under the statutes of the in, and on the material, fixtu- on account of all labor, served dersigned for the above-description.	derations, the receing State of Illinois, recess, apparatus or material, fixt	pt whereof if he elating to mecha nachinery furnis	ereby acknowled unics' liens, with hed, and on the r	ged, do(es) hereby respect to and on moneys, funds or	said above-describe other considerations	ed premises, s due or to
Given un	ıder	hand day of			and sea	ıl	this	
	15	day of		May		, 2012.		
			Signature and S	$\mathbf{x}_{aa}(\mathbf{X} = \mathbf{z})$				
			Signature and S	cai 2x				
*NOTE: All waivers should be set forth; if	must be for waiver is for	the full amount paid. If wait or a partnership, the partnership	er is for a corporation name should be use	ion, corporate nar d, partner should s	ne should be used sign and designate	, corporate seal affi himself as partner.	ixed and title of office	झ signing waive
			CONTRACT	OR'S AFFI	DAVIT			
STATE OF:	Illinois	aa						
COUNTY OF:	Cook	SS						
TO WHOM IT M	IAY CON	ICERN:						
		sworn, deposes and says tha						
President who is the contractor	or for the	General Condition	of <u>The D</u>	ubs Company				
work on the building	g located a		ndee Avenue, Elgi	n. Illinois 60120				
owned by			idee i tvende, Digi	II, IIIIIOIS OOTE	<b>/</b>			
That the total amoun	nt of the co	ontract including extras is	\$59,665.00				s received payment	
equitable to defeat t all parties having co	he validity ontracts or	nent. That all waivers are of said waivers. That the factor sub-contracts for specific places the items mentioned include	following are the notions of said we	ames of all part ork or for mater	ies who have fur rial entering into	nished material of the construction	or labor, or both, for thereof and the am	said work and nount due or to
	NAMES	WHAT	OR	CONTRACT PRICE		AMOUNT PAID	THIS PAYMENT	BALANCE DUE
							····	
That there are no other	contracts for	MATERIAL TO COMPLETE or said work outstanding, and the id work other than above states	hat there is nothing d	lue or to become o	lue to any person f	or material, labor o	r other work of any ki	nd done or to be
Signed this	s	15	day of	May		, 2012.		
			**	/	^^^	***************************************		
			$\_$ Signature: $\_oldsymbol{X}$		0	FICIAL SEAL	man 3	
Subscribed and swor	m to before	e me this/		day of	JOSEE JOSEE	H ROBERT 2018	<b>}</b>	
			Signature:	pto	MOTARY P	STATE OF A	LINOIS Nota	arv
			/	///	WILL COMM	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	104/13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del> 'I</del>
			//	, ,			(seal)	

000 4 0000 000	***		FD	NAL WAIVER	OF LIEN			
STATE OF:	Illinois	SS				Gt	y #	
COUNTY OF:	Cook					Es	crow #	
TO WHOM IT N	MAY CO	NCERN:						
WHEREAS the un	ndersigned	has been emplo	yed byTotal	Renal Care, Inc.				
to furnish			ita Cobblestone					
for the premises kr of which							is t	he owner.
(\$250.00) Dollars, claim of, or right to improvements ther	and other o, lien, und eon, and o account o	good and valuater the statutes on the material, for fall labor, serving	deration of	e receipt whereof if h , relating to mechanion machinery furnished	ereby acknowledges' liens, with resp, and on the money	ect to and on said	above-described pre considerations due o	mises, and the
Given un	nder		hand		and	seal	thi	s
	15		day of	May	uno	, 2012.		
			Signat	ure and Seal X	1	_/		_
COUNTY OF: TO WHOM IT M	Cook  IAY CON	sworn, deposes	and says that he/she	isRobin I	M. Dubs			
wno is the contracto work on the buildin				nue, Elgin, Illinois 6	0120			
owned by	Total Ren nt of the co his paymen y of said w sub contra	al Care, Inc. ontract including nt. That all waivers. That the acts for specific	g extras is \$2,500 wers are true, correct e following are the na portions of said work all labor and material	and genuine and deli ames of all parties what or for material enter	vered uncondition to have furnished tring into the cons	ally and that there material or labor, truction thereof ar	or both, for said wor ad the amount due o	egal or equitab k and all parti
	NAMES		WHAT FOR	CONTR PRICE	ACT E	AMOUNT PAID	THIS PAYMENT	BALANC DUE
	ction with s		anding, and that there is in above stated.	s nothing due or to beco		on for material, labor	r or other work of any	kind done or to
Signed thi			day of		/	, 2012.		

Subscribed and sworn to before me this

Signature:

Signature:

Signature:

Signature:

Signature:

Signature:

NOTIFY FUNCION EXPERSION EXPERSION

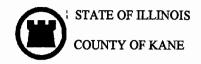
SUBSCRIBED AND SWORN TO BEFORE ME THIS\_

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

	1717	NAL WAIVER OF	THEN		·
STATE OF ILLINOIS ) COUNTY OF ()		AD WATTER OF		scrow#	FILE#_
WHEREAS THE UNDERSIGN	ED HAS BEEN EMP	LOYED BY THE DU	JBS COMPANY	.ro	
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
FURNISH BRACKETSFOR					
THE PREMISES KNOWN AS	836 Dundee Road,	Elgin, IL 601200F			
WHICH DAVITAIS THE OW		TION OF TWO THOUGH	NO THREE LIENDRI	O SEVENTY ON	
THE UNDERSIGNED, FOR DOLLARS, AND OTHER GOOD A HEREBY WAIVE AND RELEASE ILLINOIS, RELATING TO MECHAMPROVEMENTS THEREON, AN FUNDS OR OTHER CONSIDERAT	AND VALUABLE CON ANY AND ALL LIEN ANICS' LIENS, WITH I D ON THE MATERIAL	SIDERATIONS, THE REC OR CLAIM OF, OR RIGH RESPECT TO AND ON SA L, FIXTURES, APPARATI	CEIPT WHEREOF IS I IT TO, LIEN, UNDER AID ABOVE-DESCRI US OR MACHINERY	HEREBY ACKNOW THE STATUES OF BED PREMISES, A FURNISHED, AN	WLEDGED F THE STA AND THE D ON THE
MATERIAL, FIXTURES, APPARA ABOVE-DESCRIBED PREMISES.	TUS OR MACHINERY				
DATED COMPANY NA		<b>9</b>	A. (1) 14 (1) 14 (1)		
	6				
SIGN HERE SIGNATION	RE AND TITLE	) Q. X	Marie / A	0 (100	
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IF YOU HAVE CONTR				B YOU MUST	COMP
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STATE OF ILLINOIS )	CONTR		A KZYPP		
		ACTOR'S AMERIC			
	CONTR	ACTOR'S AFFID	AVII	New York	\$ 7
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COUNTY OF () () () TO WHOM IT MAY CONCER!	N:				DD1 100
COUNTY OF NOTICE STATE UNDERSIGNED, B	N: BEING DULY SWORN	, DEPOSES AND SAYS T	HAT HE IS SUBCON		
COUNTY OF () () () TO WHOM IT MAY CONCER!	N: BEING DULY SWORN, AL CONTRACTOR	DEPOSES AND SAYS TI	HAT HE IS SUBCON	CKETSWORK ON	THE BU
TO WHOM IT MAY CONCER! THE UNDERSIGNED, B SUBCONTRACTOR/GENER, LOCATED AT 836 Dunder Rd. Elei \$2,371.00 ON WHICH HE OR SHE	N: BEING DULY SWORN, AL CONTRACTOR ID. IL, OWNED BY DIA I HAS RECEIVED PAY	DEPOSES AND SAYS TI R WHO IS THE CONTRAC AVITA_THAT THE TOTA TMENT OF SO_00 PRIOR T	HAT HE IS SUBCON CTOR FOR THE <u>BRA</u> L AMOUNT OF THE TO THIS PAYMENT.	CKETSWORK ON CONTRACT INCI THAT ALL WAIV	THE BUI LUDING L ERS ARE
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COUNTY OF THE UNDERSIGNED, B SUBCONTRACTOR/GENER. LOCATED AT 836 Dunder Rd, Elgi \$2,371,000 N WHICH HE OR SHE CORRECT AND GENUINE AND UDEFEAT THE VALIDITY OF SAIL FURNISHED MATERIAL OR LAB SPECIFIC PORTIONS OF SAID WOR TO BECOME DUE TO EACH, COMPLETE SAID WORK ACCORNAMES  NU-MILL	N: BEING DULY SWORN, AL CONTRACTOR ID. L. OWNED BY DIE HAS RECEIVED PAY DELIVERED UNCONE D WAIVERS. THAT THE DOR, OR BOTH, FOR SORK OR FOR MATER AND THAT THE ITEM LDING TO PLANS AND WHAT FOR  ALL MATERIAL FROM FULLY	DEPOSES AND SAYS TO WHO IS THE CONTRAC ANTIA_THAT THE TOTA MENT OF SO_OOPRIOR TO ITIONALLY AND THAT HE FOLLOWING ARE TH HAID WORK AND ALL PY LIAL ENTERING INTO TH AS MENTIONED INCLUE D SPECIFICATIONS: CONTRACT PRICE INCLUDING EXTRAS*	HAT HE IS SUBCONTOR FOR THE BRAIL AMOUNT OF THE TO THIS PAYMENT. THERE IS NO CLAIN IE NAMES AND OF ARTIES HAVING CONSTRUCTION DE ALL LABOR AND AMOUNT PAID	CKETSWORK ON CONTRACT INC: THAT ALL WAIV M EITHER LEGAI ALL PARTIES WH NTRACTS OR SUI THEREOF AND T MATERIAL REQ THIS PAYMENT	THE BUILDING ETERS ARE OR EQUI ON EQUI ON HAVE B CONTRICHE AMOR UIRED TO
COUNTY OF THE WAY CONCERN THE UNDERSIGNED, BE SUBCONTRACTORVEENER, LOCATED AT 836 Dunder Rd. Electric 1000 Which He or she correct and genuine and the Defeat the Validity of Sale Furnished Material or Lab specific Portions of Said W. OR TO BECOME DUE TO EACH, COMPLETE SAID WORK ACCOR	N: BEING DULY SWORN, AL CONTRACTOR IN. IL, OWNED BY DIG. BHAS RECEIVED PAY DEAS RECEIVED PAY DOWNED WAIVERS, THAT THE BOR, OR BOTH, FOR S ORK OR FOR MATER AND THAT THE ITEM DINING TO PLANS ANI WHAT FOR  ALL MATERIAL FROM FULLY I PAID STOCK	DEPOSES AND SAYS TO WHO IS THE CONTRAC ANTIA_THAT THE TOTA MENT OF SO_OOPRIOR TO DITIONALLY AND THAT HE FOLLOWING ARE TH HAID WORK AND ALL PA LIAL ENTERING INTO TH SA MENTIONED INCLUD SPECIFICATIONS: CONTRACT PRICE INCLUDING EXTRAS*  \$2,371.00	HAT HE IS SUBCONTOR FOR THE BRAIL AMOUNT OF THE TO THIS PAYMENT. THERE IS NO CLAIN IE NAMES AND OF ARTIES HAVING COME CONSTRUCTION DE ALL LABOR AND SO.00	CKETSWORK ON CONTRACT INCO CONTRACT INCO THAT ALL WAIV MEITHER LEGGAI ALL PARTIES WHNTRACTS OR SUI THIEREOF AND T MATERIAL REQ THIS PAYMENT \$2,371.00	THE BULLUDING BEFORE ARE OR EQUI TO HAVE B CONTRIBUTION TO UIRED TO 0.00

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Davita Cobb	lestone Dialysis		The state of the s	is the owner.
tion of Three Thous	and Eight Hundred Fifty	One and 00/100.		
utes of the State of Illin the material, fixtures, an account of all labor serv	ois, relating to mechanic oparatus or machinery fu ices, material, fixtures, s	s' liens, with respect mished, and on the mapparatus or machine	to and on said above noneys, funds or other ry heretofore furnish	-described premises, er considerations due
co	MPANY NAME	Wilson Kitchens, I	nc.	
// AD	DRESS1653 S.	Feazel Street, Harris	burg, IL 62946	
Mount	Mille		President	
LIMITED TO CHANG	RE ORDERS, BOTH OR	AL AND WRITTEN		
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CUNI	I KACTOK S APPIDA	YII		
			the state of the	
				DULY SWORN,
	President			OMPANY NAME)
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60120				OWNED BY
luding extras* is \$ prior to this payment. le to defect the validity	38,510.00 That all waivers are tru of said waivers. That	e, correct and genuin the following are the	names and address	received payment of anditionally and that is of all parties who
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prior to this payment.  John to this payment.  John to defect the validity  John to said work and a  John the amount  John to plans and  WHAT FOR	That all waivers are true of said waivers. That all parties having contrated to the original contrated to the original contract professional contract price including extrass.	e, correct and genuin the following are the lets or subcontracts in to each, and that the AMOUNT PAID	e and delivered unor names and address for specific portions e items mentioned if	received payment of orditionally and that is of all pattles who of said work or for nelude all labor and BALANCE DUE
prior to this payment.  John to this payment.  John to defect the validity  John to said work and a  John the amount  John to plans and  WHAT FOR	That all waivers are true of said waivers. That all parties having contrated to the original contrated to the original contract professional contract price including extrass.	e, correct and genuin the following are the lets or subcontracts in to each, and that the AMOUNT PAID	e and delivered unor names and address for specific portions e items mentioned if	received payment of orditionally and that is of all pattles who of said work or for nelude all labor and BALANCE DUE
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prior to this payment.  Jordan to this payment.  Jordan the work and a thereof and the amount according to plans and  WHATFOR  Casework  EXTRAS* TO COMPLETE	That all waivers are true of said waivers. That all parties having contrated to or to become due specifications:    CONTRACT FRICE INCLUDING EXTRAS*   38,510.00	e, correct and genuin the following are the test or subcontracts. to each, and that th  AMOUNT PAID  34,659.00  37,659.00	e and delivered unity names and address or specific portions e items mentioned i  THIS PAYMENT  33851.00	received payment of proditionally and that is of all parties who of said work or for and BALANGE DUE
prior to this payment. le to defect the validity th, for said work and a thereof and the amount according to plans and WHAT FOR Casework  EXTRAS* TO COMPLETE  work outstanding, and	That all waivers are true of said waivers. That all parties having contrated to or to become due specifications:  CONTRACT FRICE INCLUDING EXTRAS.  38,510.00  38,510.00	e, correct and genuin the following are the test or subcontracts. to each, and that th  AMOUNT PAID  34,659.00  37,659.00	e and delivered unity names and address or specific portions e items mentioned i  THIS PAYMENT  33851.00	received payment of proditionally and that is of all parties who of said work or for and balance due to the control of the con
prior to this payment. le to defect the validity th, for said work and a thereof and the amount according to plans and WHAT FOR Casework  EXTRAS* TO COMPLETE  work outstanding, and	That all waivers are true of said waivers. That all parties having contra t due or to become due specifications:  CONTRACT FRICE INCLUDING EXTRAS*  38,510.00  that there is nothing due said work other than about 100 per true than about 100 per true true to the said work other than about 100 per true true true true true true true tr	e, correct and genuin the following are the test or subcontracts. to each, and that th  AMOUNT PAID  34,659.00  37,659.00	e and delivered unity names and address or specific portions e items mentioned i  THIS PAYMENT  33851.00	received payment of proditionally and that is of all parties who of said work or for and balance bue
prior to this payment.  ble to defect the validity th, for said work and a thereof and the amount according to plans and  WHATFOR  Casework  EXTRAS* TO COMPLETE  work outstanding, and in or in connection with  SIG	That all waivers are tro y of said waivers. That all parties having contra t due or to become due specifications:  CONTRACT FRICE INCLUDING EXTRAS*  38,510.00  that there is nothing due said work other than ab- iNATURE  DAY OF	e, correct and genuin the following are the tets or subcontracts. I to each, and that th  AMOUNT PAID  34,659.00  34,659.00  or to become due to ove stated.	e and delivered union names and address for specific portions e items mentioned if  THIS PAYMENT  3,851.00  any person for mater	preceived payment of preditionally and that is of all parties who of said work or for and BALANGE DUE  0.00  0.00  1al, labor or other  2012
prior to this payment.  ble to defect the validity th, for said work and a thereof and the amount according to plans and  WHATFOR  Casework  EXTRAS* TO COMPLETE  work outstanding, and in or in connection with  SIG	That all waivers are true of said waivers. That all parties having contra t due or to become due specifications:  CONTRACT FRICE INCLUDING EXTRAS*  38,510.00  That there is nothing due said work other than about ATURE	e, correct and genuin the following are the tets or subcontracts. I to each, and that th  AMOUNT PAID  34,659.00  34,659.00  or to become due to ove stated.	e and delivered union names and address for specific portions e items mentioned if  THIS PAYMENT  3,851.00  any person for mater	preceived payment of preditionally and that is of all parties who of said work or for and BALANGE DUE  0.00  0.00  1al, labor or other  2012
	Daylta Cobb tion of	Daylta Cobblestone Dialysis  tion of Three Thousand Eight Hundred Fifty onsideration, the receipt whereof is hereby acknutes of the State of Illinois, relating to mechanic the material, fixtures, apparatus or machinery for ecount of all labor services, material, fixtures, andersigned for the above-described premises, II  COMPANY NAME	Daylta Cobblestone Dialysis  tion of Three Thousand Eight Hundred Pifty One and 00/100.  onsideration, the receipt whereof is hereby acknowledged, do(es) here utes of the State of Illinois, relating to mechanics' liens, with respect the material, fixtures, apparatus or machinery furnished, and on them account of all labor services, material, fixtures, apparatus or machine undersigned for the above-described premises, INCLUDING EXTRA COMPANY NAME Wilson Kitchens, I ADDRESS 1653 S. Feazel Street, Harris LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN CONTRACTOR'S AFFIDAVIT Harold Wilson WHO	Daylta Cobblestone Dialysis  tion of

	FIN	AL WAIVER OF I	JEN		
STATE OF WISCONSIN				Gty#	
COUNTY OF KENOSHA				Loan #	
TO WHOM IT MAY CONCERN:					
WHEREAS the undersigned has been employed b	у	Doors, Frames, & H	Dubs Compar	ny	
for the premises known as			estone Tenant Build Ou	t	
of which		Total Renal Care	estone Tenant Band Ou		is the owner.
THE undersigned, for and in consideration of			seven hundred forty se	even dollars and no cer	
\$1,747.00 Dollars, ar waive and release any and all lien or claim of, or rig said above-described premises, and the improvem other considerations due or to become due from the which may be furnished at any time hereafter, by the	ght to, lien, under ents thereon, and e owner, on acco	on the materials, fixture unt of labor services, ma	e of Illinois, relating to mes, apparatus or machinaterial, fixtures, apparat	echanics' liens, with re ery furnished, and on t	spect to and on he moneys, funds or
Given under my	ha	and		and seal	this
17th	day of		May	, 20 12	
17111	day of		ividy	, 20 12	•
	Signature	and Seal:	SAC	SASIR	
STATE OF WISCONSIN COUNTY OF KENOSHA TO WHOM IT MAY CONCERN:	CONT	RACTOR'S AFFI	DAVIT		
THE undersigned, being duly sworn, Corporate Secr		s that he is	of The	omas A. Frost Bane Nelson,	Inc.
who is the contractor for the	O(LL)	Doors, Frames, 8	Hardware		work on the
building located at		836 Dundee Ave			
owned by		Total Renal Ca	ire		
That the total amount of the contract including extra \$15,718.00	prior to this payn	\$17,4 nent. That all waivers a	re true, correct and gen	uine and delivered und	
there is no claim either legal or equitable to defeat the labor, or both, for said work and all parties having count the amount due or to become due to each, and and specifications.	ontracts or subco	ntracts for specific portion	ons of said work or for r	material entering into th	ne construction thereof
NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Bane Nelson Inc	Material	\$17,465.00	\$15,718.00	\$1,747.00	\$0.00
All material is taken from fully paid stock and					
is delivered in our own trucks.					
TOTAL LABOR AND MATERIAL TO COMPLETE					
That there are no other contracts for said work outs kind done or to be done upon or in connection with			o become due to any p	erson for material, lab	or or other work of any
Signed this 15th		day of	May		, 20 <u>12</u> .
		Signature:	SH	500	
Subscribed and sworn to before me this		15th	day	СМау	, 20 12
			PUBL.	ic i	



Gty#

Escrow #

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by THE DUBS COMPANY to furnish AUTOMATIC DOOR EQUIPMENT for the premises known as COBBLESTONE DIALYSIS of which TOTAL RENAL CARE, INC. is the owner.

THE undersigned, for and in consideration of FIVE THOUSAND TWO HUNDRED SEVENTY AND 00/100 (\$5,270.00) 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, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.\*

DATE 05/14/2012

COMPANY NAME TEE JAY SERVICE COMPANY

**ADDRESS** 

PO BOX 369, BATAVIA, IL 60510

SIGNATURE AND TITLE

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

### CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF KANE

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) BRIAN H. SMITH BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) PRESIDENT OF (COMPANY NAME) TEE JAY SERVICE COMPANY WHO IS THE CONTRACTOR FURNISHING AUTOMATIC DOOR EQUIPMENT WORK ON THE BUILDING LOCATED AT 836 DUNDEE AVENUE, ELGIN, IL 60120 OWNED BY TOTAL RENAL CARE, INC.

That the total amount of the contract including extras\* is \$5,270.00 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
All material taken from fully paid stock and	Automatic door	\$5,270.00	\$0.00	\$5,270.00	\$0.00
delivered to jobsite in company owned vehicles.	equipment				
All labor paid in full. No outside rental					
equipment used.					
Principal Supplier: Horton Automatics					
4242 Baldwin Boulevard, Corpus Christi, TX					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS*	TO COMPLETE.	\$5,270.00	\$0.00	\$5,270.00	\$0.00

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any p	erson 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.	

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF

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

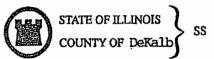
T. Notary Public State of Illinois
My Commission Expires 05/22/2013

Provided by Chicago Title Insurance Company

NOTARY PUBLIC

F.3870 R5/96

STATE OF: Illinois			Gty	#	<del> </del>
SS COUNTY OF: Cook			Esc	row #	
TO WITOM IT MAY CONCERN.					
TO WHOM IT MAY CONCERN:					
WHEREAS the undersigned has been e to furnish auto door	mployed by Total Ren	al Care, Inc.			
for the premises known as					
of which Total Renal Care, I	nc.			is th	e owner.
THE undersigned, for and in (\$527.00) Dollars, and other good and volaim of, or right to, lien, under the state improvements thereon, and on the mate from the owner, on account of all labor, hereafter, by the undersigned for the above.	utes of the State of Illinois, rela rial, fixtures, apparatus or mac , services, material, fixtures, ap	ceipt whereof if hereby a ating to mechanics' liens chinery furnished, and or	acknowledged, do(es) hereby v s, with respect to and on said a n the moneys, funds or other co	bove-described prer onsiderations due or	nises, and the to become due
Given under	hand		and seal	this	
	hand day of	pray	, 2012.		
	Signature	and Seal X			
STATE OF: Illinois SS COUNTY OF: Cook  TO WHOM IT MAY CONCERN:  THE undersigned, being duly sworn, depresident who is the contractor for the work on the building located at owned by Total Renal Care. In That the total amount of the contract ince \$4,743.00 prior to this payment. That all to defeat the validity of said waivers. The contract ince \$4.743.00 prior to this payment.	of of	Elgin, Illinois 60120 genuine and delivered us of all parties who have	on which he had no conditionally and that there furnished material or labor, o	as received payment is no claim either lear r both, for said work	t of gal or equitable
having contracts or sub contracts for spe to each, and that the items mentioned inc					
·····		CONTRACT	AMOUNT	THIS	BALANCE
NAMES	WHAT FOR	PRICE	PAID	PAYMENT	DUE
TOTAL LABOR AND MATERIA That there are no other contracts for said work done upon or in connection with said work of	k outstanding, and that there is not	thing due or to become due	to any person for material, labor	or other work of any k	ind done or to be
Signed this	day of	my	, 2012.		
	Signature:_	X			
Subscribed and sworn to before me this _	Signature:_	day of	JOSEPH ROBERT DU NOTARY PUBLIC - STATE OF I MY COMMISSION EXPIRES:00	Not Not	ary



Gty#_	 
Escrow#	

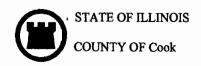
TO WHOM IT MAY CONCERN:					
WHEREAS the undersigned has been employed	by The Dubs Co.				
to furnish Aluminum Entrances. Windows and	Glass & Glazing	_		,	
for the premises known as Cobblestone Dialys					
of which Total Renal Care, Inc.				i	s the owner.
THE undersigned, for and in considerat (\$ 6.069.00 ) Dollars, and other good and va and release any and all lien or claim of, or right to and on said above-described premises, and the and on the moneys, funds or other considerations apparatus or machinery, heretofore furnished, or a premises, INCLUDING EXTRAS.*	luable considerations, b, lien, under the statut improvements thereor due or to become due f which may be furnished	the receipt whereof is I e of the State of Illinoi 1, and on the material, from the owner, on accord d at any time hereafter,	nereby acknowles, relating to me fixtures, apparation of all labor, by the undersign	itus or machiner, services, mater ned for the abov	y furnished, ial, fixtures, e-described
SIGNATURE AND TITLE  *EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHAP	COMPANY N	AME <u>DeKa</u> lb	Contract Gla	zing, Inc.	_
	ADDRASS_	207 N. 6th St., De	Kalb, Illinois	, 60115	_
SIGNATURE AND TITLE	/wh	Chris 1	Filicetti Gene	ral Manager	
*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHAP	NGE ORDERS, BOTH OR	AL AND WRITTEN, TO TI	TE CONTRACT.		
STATE OF ILLINOIS  COUNTY OF DEKALD  TO WHOM IT MAY CONCERN:  THE UNDERSIGNED, (NAME)  AND SAYS THAT HE OR SHE IS (POSITION) (COMPANY NAME)  DeKalb Co CONTRACTOR FURNISHING  Aluminum En LOCATED AT  836 Dundee Ave., Elgin, IL 60 OWNED BY  Total Renal Care  That the total amount of the contract including et \$_33.186.00  prior to this payment. That is no claim either legal or equitable to defeat the val have furnished material or labor, or both, for said	General Montract Glazing, Inc.  trances, Windows and  120  Attras* is \$ 39,255.00  all waivers are true, co- idity of said waivers,  work and all parties he	Glass & Glazing  Glass & Glazing  orrect and genuine and That the following are aving contracts or sub	n which he or s delivered unco the names and	he has received nditionally and addresses of all ecific portions	OF OF STHE BUILDING payment of that there is parties who of said work
or for material entering into the construction there all labor and material required to complete said v	eof and the amount du	e or to become due to	each, and that t	he items mentio	ned include
NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLIG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Kawneer	Doors & Framing	12,778.00	12,778.00		0.00
Custom Glass Products	Glass	4,232.00	3,489.00	743.00	0.00
DeKalb Contract Glazing	Labor	22,245.00	16,919.00	5,326.00	0.00
	·				<del></del>
TOTAL LABOR AND MATERIAL INCL	UDING EXTRAS*	39,255.00	33,186.00	6,069.00	0.00
That there are no other contracts for said work outstand of any kind done or to be done upon or in connection of the contraction of the contractio	with said work other than SIGNATURE:	n above stated.	e to any person fo		or other work
SUBSCRIBED AND SWORN TO BEFORE ME	ETHIS _7 D	AY OF May		20012 ,	
≸ MY C	GÖFFICIAL SEAL BEERA L PEASLEE LY PUBLIC - STATE OF ILLIN OMMISSION EXPIRES:03/26/	/15 <b>§</b>	NOTARY PU	BLIC	<u>e</u> _

STATE OF:	Illinois					Gty #	
COLDITY OF	Cools	SS				T- "	
COUNTY OF:	Cook					Escrow #	
TO WHOM IT	MAY CO	NCERN:					
	ndersigned	has been employed by _ carpentry	The Dubs C	ompany, Inc.		,,,	
for the premises ki			estone				
of which	Total Re	nal Care, Inc.				<u>i</u> s t	he owner.
(\$11,485.00) Dolla lien or claim of, or and the improvement become due from t	ars, and oth right to, li ents thereo the owner,	for and in consideration of ther good and valuable con- ien, under the statutes of to on, and on the material, fin on account of all labor, s dersigned for the above-	nsiderations, the re the State of Illinois xtures, apparatus o ervices, material, f	ceipt whereof if hereby s, relating to mechanics r machinery furnished, ixtures, apparatus or m	acknowledged, do(es) has liens, with respect to an and on the moneys, fund	nereby waive and release and on said above-describ als or other consideration	bed premises, as due or to
Given un	ıder	har	ıd		and seal	thi	S
*NOTE: All waivers	must be fo	han day or the full amount paid. If vor a partnership, the partners	Signature an	d Seal X	nould be used, corporate se	al affixed and title of officiner.	cer signing waive
			CONTRAC	CTOR'S AFFIDA	VIT		
STATE OF:							
		SS					
COUNTY OF:							
TO WHOM IT M	IAY CON	NCERN:					
		sworn, deposes and says					-
who is the contracto	or for the	carpentry					
work on the buildin			Dundee Avenue, E	lgin, Illinois 60120	*****		
Owned by		ontract including extras i	s \$114 846 00		on which	he has received paymer	nt of
\$103,361.00 equitable to defeat t all parties having o	prior to the prior	y of said waivers. That all way of said waivers. That the r sub contracts for specifithe items mentioned included	ivers are true, com he following are the fic portions of said	ect and genuine and de te names of all parties of l work or for material	elivered unconditionally who have furnished mate entering into the constru	and that there is no clair crial or labor, or both, for action thereof and the a	m either legal or or said work and mount due or to
	NAMES	WHA	TFOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
				· · · · · · · · · · · · · · · · · · ·			
TOTAL LA	ABOR ANT	MATERIAL TO COMPL	ÊTE				
That there are no other	ction with s	for said work outstanding, as said work other than above s	nd that there is nothin	ng due or to become due t	o any person for material, la	abor or other work of any	kind done or to be
Signed thi	is	5 <u>th</u>	day of	May 1	, 2012.		
			Signature:	$\mathbf{x}$	4,0000000000000000000000000000000000000	·····	
Subscribed and swo	rn to befor			day of	OFFICIA JOSEPH ROLL	SEAL SERT DUBS	
			Signature:	pry 11	MY COMMISSION	EXPIRES:08/04/13	otary
				/		(seal)	

STATE OF:	Illinois		~ ~ .			Gtv#	
		SS				o.,	***
COUNTY OF:	Cook					Escrow #	
TO WHOM IT	MAY CO	NCERN:					
WHEREAS the u	ndersigned	has been employed by _					
for the premises k	nown as	DaVita Cobb	lestone		10-		
of which	Total Re	nal Care, Inc.					is the owner.
(\$1,555.00) Dollar or claim of, or right the improvements due from the owner	rs, and othen to, lien, u thereon, are or, on accou	for and in consideration or good and valuable con under the statutes of the statute of the statute of the statute of all labor, services, for the above-described	siderations, the State of Illinois es, apparatus o material, fixtu	receipt whereof if her , relating to mechanics r machinery furnished.	eby acknowledged, do(  ' liens, with respect to a  and on the moneys, fur	es) hereby waive and and on said above-do ds or other consider	escribed premises, and rations due or to become
Given ur	nder	han	ıd		and seal		this
		day	of		, 201	2	
*NOTE: All waivers should be set forth; if	s must be for f waiver is fo	r the full amount paid. If yor a partnership, the partners	waiver is for a c	e and Seal X/// orporation, corporate nar be used, partner should s	ne should be used, corpor	ate seal affixed and ti	tle of officer signing waiv
			CONTR	RACTOR'S AFFI	DAVIT		
STATE OF:							
		SS					
COUNTY OF:							
TO WHOM IT M	IAY CON	ICERN:					
THE undersigned, I	being duly	sworn, deposes and says	that he/she is_	Michael Fe	rguson		
who is the contractor	or for the	flooring	of	T & M Commercial F	looring		
work on the buildin	g located a	at836]	Dundee Avenu	e, Elgin, Illinois 60120			
owned by	Total Rena	al Care, Inc.					
That the total amou	nt of the co	ontract including extras is	\$15,546.0	00	on w	hich he has received	payment of
equitable to defeat t all parties having or	the validity ontracts or	als payment. That all way of said waivers. That the sub contracts for specific he items mentioned inclu-	ne following ar ic portions of:	e the names of all part said work or for mater	ies who have furnished rial entering into the co	material or labor, o	r both, for said work and and the amount due or to
	NAMES	WALA	T FOR	CONTRACT			
	- WHITE			PRICE	PAI	D PAYN	MENT DUE
That there are no other	contracts for	MATERIAL TO COMPLE or said work outstanding, and iid work other than above st	d that there is no	othing due or to become of	due to any person for mater	rial, labor or other wor	k of any kind done or to b
Signed thi	s		day of		, 2012		
					//-		
			Signature:	XMINA	W SIN	lee-	
Subscribed and swor	m to before	e me this	T	Manana	ng/ship	. 2012.	
			Signature:	As 1 roll	FICIAL	3	Notary
			Dignature.	// \$/ NOTARY PU	BLIC - STATE OF ILLINOIS	\$ ( 1	•
				MT COMMI	SSION EXPIRES:08/04/13	§ (seal	,

INAL WAIVER OF LIEN	
	Gty #

STATE OF:	cc			Gty	#	
COUNTY OF:	SS	•		Esci	row #	
TO WHOM IT MAY	CONCERN:					
WHEREAS the undersign	ned has been employe	ed by The Dubs Co	mpany, Inc.			
to furnish	epoxy flooring					
for the premises known as	DaVit	a Cobblestone				
of which Total	Renal Care, Inc.				is the	e owner.
(\$495.00) Dollars, and oth claim of, or right to, lien, improvements thereon, an	ner good and valuable under the statutes of d on the material, fix at of all labor, service	eration of <u>four hundred</u> e considerations, the receip the State of Illinois, relating tures, apparatus or machine es, material, fixtures, appara scribed premises.	t whereof if hereby ackn g to mechanics' liens, we ery furnished, and on the	owledged, do(es) hereby w ith respect to and on said al moneys, funds or other co	bove-described prem insiderations due or to have be firmished at a	nises, and the to become du
Given under	ny	hand		and seal co	this	
	15th	day of	Man	/ /2012.		
*NOTE: All waivers must be should be set forth; if waiver	for the full amount p	hand day of Signature and aid. If waiver is for a corpore partnership name should be us	tion, corporate name shou	ld be used, corporate seal affi		r signing waiv
		CONTRAC	TOR'S AFFIDAV	IT		
0m 0m						
STATE OF:						
	SS					
COUNTY OF:						
TO WHOM IT MAY O	ONCERN:					
THE undersigned, being de	ıly sworn, deposes a	nd says that he/she is				
who is the contractor for th	e epoxy i	of	<del></del>			
work on the building locate	ed at	836 Dundee Avenue, El	gin. Illinois 60120			
owned by Total F	Renal Care, Inc.					
That the total amount of the		extras is \$4.950.00		on which he ha	as received payment	of
<b>\$4,455.00</b> prior to	o this payment. The	t all waivers are true, corre	ct and genuine and deliv	vered unconditionally and t	hat there is no claim	either legal o
equitable to defeat the validable parties having contracts become due to each, and the	dity of said waivers.  s or sub contracts for	That the following are the r specific portions of said	names of all parties who work or for material ent	o have furnished material of tering into the construction	or labor, or both, for thereof and the am	said work an sount due or t
NAMES	1	WHAT FOR	CONTRACT	AMOUNT	THIS	BALANCI
HAMES	·	WHAI FOR	PRICE	PAID	PAYMENT	DUE
	ND MATERIAL TO C					
That there are no other contract done upon or in connection wit	ts for said work outstar h said work other than	iding, and that there is nothing above stated.	due or to become due to a	ny person for material, labor o	or other work of any ki	nd done or to b
Signed this	15th	day of	moy	, 2012.		
		*	, ,			
Subscribed and sworn to be	fore me this	Signature: 2	day of /	hpg ,2012	<u></u>	
					-	
		Signature:	- Unda	ORFIDIALISEAL	, Nota	<u>uy</u>
				BONITA R. STIMPFL ary Public - State of Illinois mmission Expires Nov 22, 2014	(seal)	
			Saria COI	minusion Expires 1404 EE, 2014	3	



Gty#

Escrow #

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by The Dubs Company

to furnish painting work

for the premises known as Davita Cobblestone

of which Total Renal Care is the owner.

THE undersigned, for and in consideration of one thousand sixty two dollars

(\$1,062.00) 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, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.\*

DATE COMPANY NAME Capitol Decorating

SIGNATURE AND TITLE

DATE COMPANY NAME Capitol Decorating

SIGNATURE AND TITLE

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

### **CONTRACTOR'S AFFIDAVIT**

STATE OF ILLINOIS

COUNTY OF Cookj

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) Gerhard Becker BEING DULY SWORN, DEPOSES

AND SAYS THAT HE OR SHE IS (POSITION) a Vice-President OF

(COMPANY NAME) Capitol Decorating WHO IS THE

CONTRACTOR FURNISHING painting WORK ON THE BUILDING

LOCATED AT 836 Dundee Avenue Elgin IL 60120

**OWNED BY Total Renal Care** 

That the total amount of the contract including extras\* is \$10,615.00 on which he or she has received payment of \$9,553.00 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
Material taken from fully paid stock and					
delivered to job site via company owned					
vehicles.					
TOTAL LABOR AND MATERIAL INCLUDING 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 5/10/12

SIGNATURE:

SUBSCRIBED AND SWORN TO BEFORE ME THIS

10th DAY OF

1ay, 20

NOTARY PUBLIC

\*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE

ORDERS, BOTH ORAL AND WRITTEN, TO THE CONT

F.3870 R5/96

OFFICIAL SEAL
Provided by Charamanial and Provided by Charamanial and Provided Books and

STATE OF: Illinois			Gty	y #	
COUNTY OF: Cook			Esc	crow #	
TO WHOM IT MAY CONCERN:					
WHEREAS the undersigned has been en	nployed by Total Renal	Care, Inc.			
to furnishFRP					
	DaVita Cobblestone				
of which Total Renal Care, Inc	c			is the	e owner.
THE undersigned, for and in ce (\$610.00) Dollars, and other good and ve claim of, or right to, lien, under the status improvements thereon, and on the materifrom the owner, on account of all labor, whereafter, by the undersigned for the above	tes of the State of Illinois, relational, fixtures, apparatus or machinal, fixtures, apparatus, apparatus or material, fixtures, apparatus	ot whereof if hereby acknoing to mechanics' liens, with the property furnished, and on the property furnished.	h respect to and on said a moneys, funds or other c	above-described pren onsiderations due or	nises, and the to become due
Given under	hand		and seal	this	
15	day of	pronj	. 2012.		
	•	¥7.			
	Signature and	d Seal X	1		
STATE OF: Illinois SS COUNTY OF: Cook					
TO WHOM IT MAY CONCERN:					
THE undersigned, being duly sworn, dep	oses and says that he/she is	Robin M. Dubs			
President who is the contractor for the F	oses and says that he she is of The	Dubs Company			
		lgin, Illinois 60120			
owned by Total Renal Care, Inc					
That the total amount of the contract inclu				nas received payment	
\$5,490.00 prior to this payment. That all to defeat the validity of said waivers. The having contracts or sub contracts for specto each, and that the items mentioned incl	at the following are the names o	f all parties who have furning into the	ished material or labor, or construction thereof an	or both, for said work d the amount due or	and all parties
		CONTRACT	AMOUNT	THIS	BALANCE
NAMES	WHAT FOR	PRICE	PAID	PAYMENT	DUE
		-			
TOTAL LABOR AND MATERIAL That there are no other contracts for said work done upon or in connection with said work other	outstanding, and that there is nothir	ng due or to become due to an	y person for material, labor	or other work of any k	ind done or to be
Signed this	/ day of	prof	, 2012.		
	Signature:	X OF	FICIAL SEAL	7	
	Signature,		OLA!	<del></del>	
Subscribed and sworn to before me this	15	day of NOTAD	HEROBERT DUBS , 201	<u>\$.</u>	
Subscribed and sworn to before me this	Signature:	day of NOTARY PIZE MY COMMIS	LROBERT DUBS , 201 FUC STATE OF ILLINOIS SSION EXPIRES:08/04/13	, Not	ary

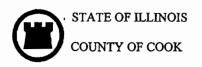
### STATE OF ILLINOIS

Gty #		
Gty #	 	 

SS	TATION OF THE PROPERTY OF THE
COUNTY OF LAKE	

٠.,	,,	_		
•			 	

Material  Metal Lockers  1,930.00  1,737.00  193.00  -0-  Om Fully Paid Stock  elivered in Our Trucks  Labor Paid in full  TOTAL LABOR AND MATERIAL TO COMPLETE  1,930.00  1,737.00  193.00  -0-  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 Of any kind done or to be done upon or in connection with said work other than above stated.  Signed 7th day of May  Signature  OFFICIAL SEAT Fichard A Haynes  ibed and sworn to before me this Wictorial A Haynes  of May 2012  2012  2012  2012		F LAKE		Loan #_			
to furnish and Install Metal Lockers  for the premises known as DaVita Cobibe Stone  of which Total Renal Care	TO WHOM IT MAY CO	ONCERN:					
of which Total Renal Care	WHEREAS the undersig	gned has been employed by	The Dubs Company				
The undersigned, for and in consideration of One Hundred Ninety Three 800/100  (\$,3)3,00. Dollars, and other good and valuable consideration, the receipt whereof is hereby acknowledged, dofees) hereby wave and nelease any and all lien or claims of or right to lien, under the stantes of the State of Illinois, relating to mechanics' liens, with res and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and moneys, funds or other consideration, due or to become due from the owner, on account of labor, services, material, fixtures, apparatus or machinery furnished, and moneys, funds or other consideration, due or to become due from the owner, on account of labor, services, material, fixtures, apparatus or machinery furnished, and moneys, funds or other consideration, due or to become due from the owner, on account of labor, services, material, fixtures, apparatus or machinery furnished, and the subove-described premises.  Given under	to furnish an	d Install Metal Lockers	<u> </u>				<u>.</u>
The undersigned, for and in consideration of One Hundred Ninety Three &00/100 (\$,193,00) Dollars, and other good and valuable consideration, the receipt whereof is hereby acknowledged, do(es) hereby wave and release any and all lien or claim of, or right not, in under the statutes of the State of Illinois, relating to mechanics' liens, with res and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery finished, and on one of the consideration, due or to become due from the owner, on account of labor, services, material, fixtures, apparatus or machinery finished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises.  Given under My hand and seal this Signature and Seal:  NOTE: All waivers must be for the full amount paid. If waiver if for a corporation-despondence of the state of the full amount paid. If waiver if for a corporation-despondence of the partners and seal:  NOTE: All waivers must be for the full amount paid. If waiver if for a corporation-despondence of the partners.  STATE OF ILLINOIS  CONTRACTOR'S AFFIDAVIT  SCOUNTY OF LAKE  THE undersigned, being duly sworn, deposes and says that he is President of the Interior Steel Products Co.  Work on the building located at 326 Dundee St. Ellerin IL 60120 owned by Total Renal Care .  Furnish and Install Metal Lockers work on the building located at 326 Dundee St. Ellerin IL 60120 owned by Total Renal Care .  That the total amount of the contract including extras is \$ 1930.00 on which he has received payment of \$1,737.00 prot 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 of all parties who have furnished in 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 iconstruction thereof and the amount d	for the premises known	as DaVita Coblbe Sto	ne				
(S,193.00 ) Dollars, and other good and valuable consideration, the receipt whereof is hereby acknowledged, do(se) hereby waive and an release any and all lien or claim (or right to, line, under the statutes of the State of Illinois, relating to mechanics' liens, with rea and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery fininhed, and moneys, funds or other consideration, due or to become due from the owner, on account of labor, services, material, fixtures, apparatus or musheretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises.  Given under	of which Total Rena	l Care				is the owner.	
(S,193.00 ) Dollars, and other good and valuable consideration, the receipt whereof is hereby acknowledged, do(se) hereby waive and release any and all lien or claim (or right to, lien, under the statutes of the State of Illinois, relating to mechanis' liens, with res and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery finished, and moneys, funds or other consideration, due or to become due from the owner, on account of labor, services, material, fixtures, apparatus or musheretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises.  Given under	The undersigned, f	or and in consideration of	One Hundred Ninety Three &	k00/100			
NOTE: All waivers must be for the full amount paid. If waiver if for a corporate for opporate name, should be used, corporate seal affixed and to efficer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate heartner.  STATE OF ILLINOIS  CONTRACTOR'S AFFIDAVIT  SS  COUNTY OF LAKE TO WHOM IT MAY CONCERN:  THE undersigned, being duly sworn, deposes and says that he is Richard A Haynes  President of the Interior Steel Products Co.  who is the contractor for the Furnish and Install Metal Lockers work on the building located at 826 Dundee St, Elgin IL 60120  on which he has received payment of \$1,737.00 on which he has received payment of 1 short, or both for said work and all parties having contracts or sub contracts for specific protition of said work or for material entering it construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complework according to plans and specifications:  NAMES  WHAT FOR  WHAT FOR  CONTRACT  AMOUNT  THIS  BAL  NAMES  WHAT FOR  FRICE  PAID  PAYMENT  THIS  BAL  NAMES  WHAT FOR  FRICE  PAID  NAMES  WHAT FOR  FRICE  PAID  NAMES  WHAT FOR  THIS  BAL  TOTAL LABOR AND MATERIAL TO COMPLETE  1,930.00 1,737.00 193.00 -0-  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 Of any kind done or to be done upon or in connection with said work other than above stated.  Signed  7th day of May  Signature  OFFICIAL SEAT Floraged  Haynes  Ago of May  2012  Signature  OFFICIAL SEAT Floraged  Haynes  Ago of May  2012	hereby waive and release and on said above-desc moneys, funds or other	e any and all lien or claim o cribed premises, and the it consideration, due or to b	of, or right to, lien, under the statute improvements thereon, and on the become due from the owner, on a	es of the State of Illino e material, fixtures, ccount of labor, serv	ois, relating to r apparatus or ices, material,	nechanics' liens, machinery furnis fixtures, apparatu	hed, and
Signature and Seal:  NOTE: All waivers must be for the full amount paid. If waiver if for a corporation or opporation and the seal affixed and to officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate it partner.  STATE OF ILLINOIS  SS  COUNTY OF LAKE  TO WHOM ITMAY CONCERN:  THE undersigned, being duly sworn, deposes and says that he is Richard A Haynes  President of the Interior Steel Products Co who is the contractor for the Furnish and Install Metal Lockers work on the building located at 326 Dundee St. Elgin IL 60120  owned by Total Renal Care  That the total amount of the contract include stras is \$ 1930.00 on which he has received payment of \$1,737.00 or loop on the both for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering is construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to comple work according to plans and specifications:    NAMES	Given under	My	hand	and seal		this	
Signature and Seal:  NOTE: All waivers must be for the full amount paid. If waiver if for a corporation originate name abould be used, corporate seal affixed and to officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate it partner.  STATE OF ILLINOIS  SS  COUNTY OF LAKE TO WHOM IT MAY CONCERN:  THE undersigned, being duly sworn, deposes and says that he is Richard A Haynes  President of the Interior Steel Products Co who is the contractor for the Furnish and Install Metal Lockers work on the building located at 326 Dundee St. Elgin IL 60120 owned by Total Renal Care  That the total amount of the contract including extras is \$ 1930.00 on which he has received payment of \$1,737.00 on which he has received payment of ralbor, or both for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering is construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complework according to plans and specifications:  NAMES  WHAT FOR  CONTRACT AMOUNT THIS PAYMENT  NAMES  WHAT FOR  CONTRACT PAID PAYMENT  AMOUNT THIS PAYMENT  THIS PAYMENT  THIS PAYMENT  THIS PAYMENT  TOTAL LABOR AND MATERIAL TO COMPLETE  1,930.00 1,737.00 193.00 -0-  That there are no other contracts for said work work outstanding, and that there is nothing due or to become due to any person for material, labor or other Of any kind done or to be done upon or in connection with said work other than above stated.  Signad 7th day of May 2012  Signature  OFFICIAL SEAL THANKS  AND ANY PUBLIC STATES SEAL THANKS  AND ANY PUBLIS CATASTANCES AND MAY  2012	7th	day of May					
Signature and Seal:  NOTE: All waivers must be for the full amount paid. If waiver if for a corpoparing origonate name arould be used, corporate seal affixed and to officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate it partner.  STATE OF ILLINOIS  SS  CONTRACTOR'S AFFIDAVIT  SS  COUNTY OF LAKE TO WHOM IT MAY CONCERN:  THE undersigned, being duly sworn, deposes and says that he is Richard A Haynes  President of the Interior Steel Products Co who is the contractor for the Furnish and Install Metal Lockers work on the building located at 326 Dundlee St. Elgin IL 60120  owned by Total Renal Care  That the total amount of the contract including extras is \$ 1930.00 on which he has received payment of \$1,737.00 on which he has received payment of relabor, to both for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering is on claim either legal or equitable to defeat the validity of said waivers. That the following are the of all parties who have furnished nor labor, or both for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering is construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to comple work according to plans and specifications:  NAMES  WHAT FOR  CONTRACT PAID  THIS PAYMENT  AMOUNT THIS PAYMENT  WHAT FOR  PRICE  PAID  TOTAL LABOR AND MATERIAL TO COMPLETE  1,930.00  1,737.00  193.00  -0-  That there are no other contracts for said work volustanding, and that there is nothing due or to become due to any person for material, labor or other Of any kind done or to be done upon or in connection with said work other than above stated.  Signature  OFFICIAL SEAL HANNES  day of May  2012		day <u>oi_tviay</u>		2/2		<u>012</u> .	
SS COUNTY OF LAKE TO WHOM IT MAY CONCERN:  THE undersigned, being duly sworn, deposes and says that he is President of the Interior Steel Products Co.  who is the contractor for the Furnish and Install Metal Lockers work on the building located at 826 Dundee St, Elgin IL 60120 owned by Total Renal Care  That the total amount of the contract including extras is \$ 1930.00 on which he has received payment of \$1,737.00 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 of all parties who have furnished nor labor, or both for said work and all parties having contracts or sub contracts for specific portions of said work or for material required to complework according to plans and specifications:    NAMES   WHAT FOR   CONTRACT   AMOUNT   THIS   BAL   PAYMENT   PA			CONTRACTORIS				
THE undersigned, being duly sworn, deposes and says that he is Richard A Haynes	STATE OF ILLINOIS	cc	CONTRACTOR'S AI	FIDAVIT			
THE undersigned, being duly sworn, deposes and says that he is Richard A Haynes		ONCEPN:					
who is the contractor for the Furnish and Install Metal Lockers work on the building located at \$26 Dundee St, Elgin IL 60120 owned by Total Renal Care  That the total amount of the contract including extras is \$ 1930.00 on which he has received payment of \$1.737.00 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 of all parties who have furnished nor labor, or both for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering it construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complet work according to plans and specifications:    NAMES   WHAT FOR   CONTRACT   AMOUNT   THIS   BAL							
who is the contractor for the Furnish and Install Metal Lockers work on the building located at 826 Dundee St, Elgin IL 60120 owned by Total Renal Care  That the total amount of the contract including extras is \$ 1930.00 on which he has received payment of \$ 1,737.00 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 of all parties who have furnished in corlabor, or both for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering it construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complework according to plans and specifications:    NAMES   WHAT FOR   CONTRACT   AMOUNT   THIS   BAL	THE undersigned					<del></del>	
That the total amount of the contract including extras is \$ 1930.00		the Furnish and	d Install Metal Lockers			on the	
That the total amount of the contract including extras is \$ 1930.00	owned by Total Renal	<u>Dundee St, Elgin IL 601</u> Care					
there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the of all parties who have furnished nor labor, or both for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering it construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complework according to plans and specifications:    NAMES	That the total amount of	the contract including extra	s is \$ 1930.00	on v			of
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 it construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complet work according to plans and specifications:    NAMES							ished ma
WHAT FOR PRICE AMOUNT PAYMENT    Material	or labor, or both for said	work and all parties have	ving contracts or sub contracts for	r specific portions o	f said work or	for material en	tering in
Material  Metal Lockers  1,930.00  1,737.00  193.00  -0-  Om Fully Paid Stock  elivered in Our Trucks  I Labor Paid in full  TOTAL LABOR AND MATERIAL TO COMPLETE  1,930.00  1,737.00  193.00  -0-  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 Of any kind done or to be done upon or in connection with said work other than above stated.  Signed 7th day of May  Signature  OFFICIAL SEAT Richard A Haynes  ibed and sworn to before me this Wictorial A Haynes  ibed and sworn to before me this Wictorial A Haynes  ibed and sworn to before me this Signature  OFFICIAL SEAT Richard A Haynes  and you day of May  2012  2012			ome due to each, and that the items	s mentioned include	all labor and m	ateriai required to	complet
Material Metal Lockers 1,930.00 1,737.00 193.00 -0- rom Fully Paid Stock elivered in Our Trucks I Labor Paid in full  TOTAL LABOR AND MATERIAL TO COMPLETE 1,930.00 1,737.00 193.00 -0-  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 Of any kind done or to be done upon or in connection with said work other than above stated.  Signed 7th day of May 2012 .  Signature  Signature  OFFICIA SEA MONES day of May 2012 .  Signature 201	BLABGEO		NAME AND DESCRIPTIONS			1	BALA
TOTAL LABOR AND MATERIAL TO COMPLETE  Total Labor Paid in full  Total Labor And Material To Complete  1,930.00  1,737.00  193.00  -0-  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 Of any kind done or to be done upon or in connection with said work other than above stated.  Signed 7th day of May 2012 Signature  **Signature**  **OFFICIAL SEA**  **Inchard A Haynes**  ibed and sworn to before me tiles **VICTORIA A HAYNES**  **ONOTARY PUBLIC STATE OF THE PARTY SEA**  **NOTARY PUBLIC STATE OF THE PARTY STATE OF THE	NAMES		WHAT FOR				מ
TOTAL LABOR AND MATERIAL TO COMPLETE  1,930.00  1,737.00  193.00  -0-  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 Of any kind done or to be done upon or in connection with said work other than above stated.  Signed 7th day of May 2012 .  Signature  Signature  OFFICIAL SEA FIGURE A HAYNES day of May 2012 .  NOTABLY PUBLIC STATE OF THE USE A DAYNES day of May 2011 .  SOUTH A HAYNES day of May 2011 .  SOUTH	Material		Metal Lockers	1.930.00	1.737.00	100 00	
TOTAL LABOR AND MATERIAL TO COMPLETE  1,930.00  1,737.00  193.00  -0-  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 Of any kind done or to be done upon or in connection with said work other than above stated.  Signed 7th day of May  Signature  Signature  OFFICIAL SEAT Michard A Haynes  bed and sworn to before me this VICTORIA A HAYNES day of May  NOTARY PUBLIC STATE OF HANGES  NOTARY PUBLIC STATE OF HANGES	om Fully Daid Stock				1,7,0,1,00	193.00	
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 Of any kind done or to be done upon or in connection with said work other than above stated.  Signed 7th day of May 2012 .  Signature  Signature day of May 2012 .					1,701100	193.00	
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 Of any kind done or to be done upon or in connection with said work other than above stated.  Signed 7th day of May 2012 .  Signature  Signature day of May 2012 .	elivered in Our Trucks				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	193.00	
Of any kind done or to be done upon or in connection with said work other than above stated.  Signed 7th day of May 2012 .  Signature Signature day of May 2012 .  NOTARY PUBLIC STATE OF WHAPPER DAY OF MAY 2015 .	elivered in Our Trucks Labor Paid in full						-0-
Of any kind done or to be done upon or in connection with said work other than above stated.  Signed 7th day of May 2012 .  Signature Signature day of May 2012 .  NOTABY PUBLIC STATE OF WAYNES	elivered in Our Trucks Labor Paid in full						-0-
Signature  "OFFICIAL SEAL Michard A Haynes  ribed and sworn to before me this	elivered in Our Trucks I Labor Paid in full TOTAL LABOR AND MA	ATERIAL TO COMPLETE	anding and that there is nothing du	1,930.00	1,737.00	193.00	-0-
ibed and sworn to before me tiles VICTORIA A HAYNES day of May 201	elivered in Our Trucks Labor Paid in full TOTAL LABOR AND MA That there are no other co	ATERIAL TO COMPLETE		1,930.00	1,737.00	193.00	-0-
ibed and sworn to before me this <u>VICTORIA A HAYNES</u> day of <u>May</u> 201	Labor Paid in full  TOTAL LABOR AND MA  That there are no other co Of any kind done or to be	NTERIAL TO COMPLETE  Intracts for said work outstact done upon or in connection	on with said work other than above	1,930.00	1,737.00 any person fo	193.00	-0-
ibed and sworn to before me this VICTORIA A HAYNES day of May 201	Plivered in Our Trucks Labor Paid in full TOTAL LABOR AND MA That there are no other co Of any kind done or to be	NTERIAL TO COMPLETE  Intracts for said work outstact done upon or in connection	on with said work other than above	1,930.00	1,737.00 any person fo	193.00	-0-
NOTARY PUBLIC, STATE OF ILLINOIS	Plivered in Our Trucks Labor Paid in full TOTAL LABOR AND MA That there are no other co Of any kind done or to be	NTERIAL TO COMPLETE  Intracts for said work outstact done upon or in connection	on with said work other than above	1,930.00 le or to become due to stated.	1,737.00 any person fo	193.00	-0-
NIVIV LODDINGCION Con 200 1 Gan Con 100	That there are no other co Of any kind done or to be	ntracts for said work outstate done upon or in connection  day of M  OFFI  OFF	Signature  CIAL SEA BICHARD A	1,930.00 le or to become due to stated.  Haynes	1,737.00 any person fo	193.00	-0-
	That there are no other co Of any kind done or to be Signed7th	ntracts for said work outstate done upon or in connection  day of M  OFFI  OFFI  OFFI  NOTARY PUBL	Signature  CIAL SEA BICHARD A	1,930.00 le or to become due to stated.  Haynes day of May	1,737.00  any person for	193.00	-0- -0- or other



Gty#

Escrow#

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by The Dubs Company to furnish Toilet Partitions/Accessories/Fire Ext. Cabinets/Lockers Work for the premises known as Cobblestone Dialysis of which Total Renal Care is the owner.

THE undersigned, for and in consideration of Two Thousand Nine Hundred Ninety Four Dollars & 00/100--- (\$2,994.00) 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, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.\*

DATE 05/08/12 COMPANY NAME Commercial Specialties, Inc.

ADDRESS 2255 Lois Drive #9, Rolling Meadows, IL. 60008

SIGNATURE AND TITLE

\*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) Larry Cirincione BEING DULY SWORN, DEPOSES

AND SAYS THAT HE OR SHE IS (POSITION) President OF

(COMPANY NAME) Commercial Specialties, Inc. WHO IS THE

CONTRACTOR FURNISHING Toilet Partitions/Accessories/Fire Ext Cabinets/Lockers WORK ON THE BUILDING

LOCATED AT 836 Dundee Avenue Elgin, Illinois

OWNED BY Total Renal Care

That the total amount of the contract including extras\* is \$2,994.00 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
Commercial Specialties, Inc.	Toilet Partitions	\$2,994.00	0.00	\$2,994.00	0.00
2255 Lois Dr. #9. Rolling Meadows, IL 60008	Toilet Accessories				
All material taken from fully paid stock	Fire Ext Cabinets				
	Lockers				
All labor & benefits paid in full.					
Deivered in company vehicle No outside rental					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS*	\$2,994.00	0.00	\$2,994.00	0.00	

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

5-8-12

SIGNATURE:

s my con

SUBSCRIBED AND SWORN TO BEFORE ME THIS

DAY OF

3017

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

F.3870 R5/96

Provided by Chicago Title Insurance Company

OFFICIAL SEAL CINDY A CAMPOBASSO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:09/04/12



Gty#

Escrow #

### TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by The Dubs Company, Inc.

to furnish Manual Roller Shades

for the premises known as Cobblestone Dialysis, 836 Dundee Ave., Elgin, IL 60120 of which Total Renal Care, Inc., 601 Hawaii St., Elsegundo, CA 90245 is the owner.

THE undersigned, for and in consideration of Four Thousan Two Hundred Thirty Three and 00/xx (\$4,233.00) 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, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.\*

DATE 5/14/2012 COMPANY NAME ALLSTAR DRAPERY & WINDOW TREATMENT CO.

ADDRESS 453 PARKVIEW TERRACE, BUFFALO GROVE, IL 60089 SIGNATURE AND TITLE

\*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) DENNIS KIPNIS BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) PRESIDENT OF (COMPANY NAME) ALLSTAR DRAPERY & WINDOW TREATMENT CO. WHO IS THE CONTRACTOR FURNISHING MANUAL ROLLER SHADES WORK ON THE BUILDING LOCATED AT COBBLESTONE DIALYSIS, 836 DUNDEE AVE., ELGIN, IL 60120 OWNED BY TOTAL RENAL CARE, INC., 601 HAWAII ST., ELSEGUNDO, CA 90245 That the total amount of the contract including extras\* is \$4,233.00 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
ALLSTAR DRAPERY (DRAPER) 453 PARKVIEW TERRACE BUFFALO GROVE, IL 60089	MANUAL ROLLER SHADES	\$4,233.00	\$0.00	\$4,233.00	\$0.00
TOTAL LABOR AND MATERIAL INCLUDING EXTRA	S* TO COMPLETE	\$4,233.00	\$0.00	\$4,233.00	\$0.00

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	<b>S</b> /	14	12017

SUBSCRIBED AND SWORN TO BEFORE ME THIS

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

"OFFICIAL SEAL" Martin McDermott Notary Public, State of Illinois

Cook County My Commission Expires Aug. 03, 2014 NOTARY PUBLIC

STATE OF:	Illinois				Gty	#	
COUNTY OF:	Cook	SS			Escr	ow#	
TO WHOM IT I	MAY CO	NCFRN:					
WHEREAS the un to furnish	ndersigned	has been employed by Change Order 1	Total Renal Care	e, Inc.			
			stone				
of which	Total Re	nal Care, Inc.					e owner.
(\$2,076.00) Dollar or claim of, or right the improvements due from the owner	rs, and othen to, lien, thereon, ar or, on account	under the statutes of the St nd on the material, fixtures	derations, the receipt ate of Illinois, relating a apparatus or machinaterial, fixtures, apparatus	whereof if hereby ac g to mechanics' liens tery furnished, and o	no cents knowledged, do(es) hereby s, with respect to and on said n the moneys, funds or othe heretofore furnished, or whi	l above-described pr r considerations due	remises, and or to become
Given ur	nder	hand			and seal	this	
		day o	of	pray	, 2012.		
			Signature and Se	al X			
*NOTE: All waivers should be set forth; if	must be for f waiver is for	r the full amount paid. If wor a partnership, the partnersh	ip name should be used,	n, corporate name shot partner should sign and OR'S AFFIDAV	uld be used, corporate seal affi d designate himself as partner.	xed and title of office	r signing waiver
STATE OF:	Illinois						
STATE OF.		SS					
COUNTY OF:	Cook						
TO WHOM IT M THE undersigned, I President	being duly	sworn, deposes and says t	hat he/she is of The Du				
who is the contracto	or for the_	Change Order 1					
		at 836 D	undee Avenue, Elgin	Illinois 60120			
owned by		ontract including extras is	820 766 00		on which he ha	a manifestad maximum and	of .
\$18,690.00 prior to equitable to defeat to all parties having co	this payn the validity ontracts or	ment. That all waivers and of said waivers. That the standard subsection specific results for specific	re true, correct and ge e following are the na e portions of said wor	mes of all parties whick or for material en	and unconditionally and that to have furnished material of tering into the construction ete said work according to p	there is no claim or labor, or both, for thereof and the am	either legal or said work and ount due or to
	NAMES	WHAT	FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
TOTALLA	ADOD AND	MATERIAL TO COMPLET					
That there are no other	contracts for	MATERIAL TO COMPLET for said work outstanding, and aid work other than above star	that there is nothing du	e or to become due to a	any person for material, labor of	r other work of any ki	nd done or to be
Signed thi				4	2212		
Signed thi	s/	<u></u>	day of	/	, 2012.		
			Signature <b>Y</b>	1	200000000000000000000000000000000000000		
Subscribed and swo	rn to befor	re me this	Signature: X	day of Mal	OFFICIAL SEAL 2012	243	
AUSCITOCA AND SWO	in to belon	e me uns	1		OSERH ROBERT DUBS	<u> </u>	
			Signature:	1 L ALMOTA	COMMISSION EXPIRES:08:04/13	S , Nota	ıry
				<b></b>	2011/1/13010N EXPIRES:08/04/13	5 \$	

			ETNIA	L WAIVER OF LI	ICAI		
STATE OF:	Illinois		FINA	L WAIVER OF LI		y #	
COUNTY OF:	Cook	SS			Esc	crow #	
TO WHOM IT	MAY CO	NCERN:					
WHEREAS the u	ndersigned	has been employed Change Order 2	d by <u>Total Ren</u>	al Care, Inc.			
for the premises k	nown as _	DaVita	Cobblestone				e owner.
THE un ( <u>\$29.00)</u> Dollars, claim of, or right improvements the from the owner, o	dersigned, and other g to, lien, und reon, and on account of	for and in consider good and valuable coder the statutes of the on the material, fixther	ration of	ne dollars & no cents ipt whereof if hereby act ating to mechanics' liens thinery furnished, and on	knowledged, do(es) hereby was, with respect to and on said at the moneys, funds or other caretofore furnished, or which	aive and release any a	and all lien o
Given u	nder		hand	May	and seal	this	
			day of	May	, 2012.		
			Signature a	and Seal $old X$		5	
*NOTE: All waivers should be set forth; is	must be fo f waiver is fo	or the full amount pai for a partnership, the p	artnership name should b	e used, partner should sign	hould be used, corporate seal aft and designate himself as partner.	fixed and title of office	r signing waiv
			CONTRA	ACTOR'S AFFIDA	AVIT		
STATE OF:	Illinois	••					
COUNTY OF:	Cook	SS					
TO WHOM IT M	IAY CON	NCERN:					
THE undersigned,	being duly	sworn, deposes and	d says that he/she is of T	Robin M. Dubs			
who is the contract	or for the	Change (	Order 2				
work on the buildir owned by	ng located a	at	836 Dundee Avenue,	Elgin, Illinois 60120			
That the total amou	nt of the co	ontract including ex	ktras is \$289.00		on which he has receive	d payment of	
having contracts or	of said wai sub contra	vers. That the foll acts for specific por	owing are the names of tions of said work or t	of all parties who have for for material entering into	onditionally and that there is a armished material or labor, or to the construction thereof and ork according to plans and sp	no claim either legal or both, for said work of the amount due or t	and all partie
	NAMES		WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCI DUE
TOTAL LA That there are no other done upon or in conne	r contracts for	MATERIAL TO CO or said work outstand aid work other than al	ing, and that there is noth	ning due or to become due to	o any person for material, labor o	or other work of any kin	nd done or to b
Signed thi		15	day of	May	, 2012.		
Subscribed and swo	m to before	e me this	Signature:Signature:	day of	OFFICIAL SEAL OSEPH ROBERT DUBS	2. Nota	ry
				₹ MY C	RY MUBLIC - STATE OF ILLINOIS OMMISSION EXPIRES:08/04/13		

STATE OF:	Illinois					Gty#	<u></u>	
COUNTY OF:	Cook	SS				Escro	ow #	
то wном гт і	MAY CO	NCERN:						
WHEDEAC the	n donai an a d	has been smulered by	T-4-1 D-	mal Cana In a				
to furnish		has been employed by _ Change Order 3	1 otai Re	nal Care, Inc.				
for the premises k			lestone					
of which		nal Care, Inc.					is the	e owner.
(\$561.00) Dollars, claim of, or right t improvements the	, and other to, lien, und reon, and o	for and in consideration of good and valuable consider the statutes of the State of the material, fixtures, a	derations, the re te of Illinois, re apparatus or ma	eceipt whereof if elating to mechan achinery furnishe	hereby acknowle ics' liens, with re d, and on the mo	edged, do(es) hereby wa espect to and on said abo neys, funds or other con	ove-described prem siderations due or t	nises, and the to become due
		of all labor, services, mate for the above-described		ipparatus or maci	inery, heretotor	e furnished, or which ma	ay be furnished at a	iny time
		_	_					
Given u	nder	han day	of	May	aı	nd seal . 2012.	this	
·		uay	•			, 2012.	<b>&gt;</b>	
			Signature	e and Seal $oldsymbol{X}$				
		r the full amount paid. If yor a partnership, the partnership,					ed and title of office	r signing waive
			CONTR	RACTOR'S A	FFIDAVIT			
STATE OF:	Tilia ai a							
STATE OF:	Illinois	CC						
COUNTY OF:	Cook	SS						
TO WHOM IT M	MAY CON	ICERN:						
THE undersigned, President		sworn, deposes and says	that he/she is_	Robin The Dubs Comp				
		Change Order		THE BUOS COM	<u>unj</u>			
work on the buildir	ng located	at 836		e, Elgin, Illinois	60120			
owned by								
		ontract including extras i					received payment	
to defeat the validit having contracts or	ty of said was sub contra	nt. That all waivers are to vaivers. That the following acts for specific portions intioned include all labor	ng are the name of said work o	es of all parties vor for material en	tho have furnishering into the co	ed material or labor, or lonstruction thereof and t	both, for said work the amount due or	and all parties
	NAMES	WHA	AT FOR	CONT. PRIC		AMOUNT PAID	THIS PAYMENT	BALANCE DUE
That there are no othe	r contracts f	MATERIAL TO COMPLE for said work outstanding, and	nd that there is n	othing due or to be	come due to any p	erson for material, labor or	other work of any ki	nd done or to be
tone upon or in come	ection with s	aid work other than above s	tated.	11				
Signed th	is		day of		<del></del>	, 2012.		
				v /		7		
			Signature	: A /			_	
Subscribed and swo	om to befor	re me this		day of	The way	, 2012.		
			Signature	· And	Service Services	morninga	, Nota	arv
			Signatule	- The state of the		POPEDE DUICE	11,500	<del>-</del> ≁
				/ "	C NOTARY PUBL	ROBERT DUBS	(seal)	
					MY COMMISS	SION EXPIRES:08/04/13	<b>}</b>	

STATE OF:	Illinois	~~			Gty	#	
COUNTY OF:	Cook	SS			Escr	ow#	
TO WHOM IT	MAY CO	NCERN:					
WHEREAS the u	ndersigned	has been employed by Change Order #4	Total Renal C	are			
for the premises k	nown as	DaVita Cobblesto	one Dialysis				
of which	Total Re	nal Care, Inc.				is the	e owner.
(\$158.00) Dollars claim of, or right improvements the from the owner, o	s, and other to, lien, und creon, and on account of	der the statutes of the State or on the material, fixtures, appa	ations, the receipt of Illinois, relating aratus or machine al, fixtures, appara	whereof if hereby ac to mechanics' liens by furnished, and on	no cents cknowledged, do(es) hereby w , with respect to and on said at the moneys, funds or other co retofore furnished, or which n	oove-described prem nsiderations due or	nises, and the to become due
Given u	nder	hand day of			and seal	this	
	<u>lst</u>	day of					
			Signature and	Seal X			
*NOTE: All waiver should be set forth; i	s must be fo	or the full amount paid. If waiv for a partnership, the partnership	ver is for a corpora name should be us	ation, corporate name si ed, partner should sign	hould be used, corporate seal affi and designate himself as partner.	xed and title of office	r signing waive
			CONTRAC	TOR'S AFFIDA	VIT		
STATE OF:	Illinois						
COUNTY OF:	Cook	SS					
COONTT OF.	COOK						
TO WHOM IT I	MAY CON	NCERN:					
THE undersigned,	being duly	sworn, deposes and says the	at he/she is	Robin M. Dubs	<u> </u>		
who is the contract	tor for the	Change Order #4		Duos Company			
work on the building	ng located	at 836 Du	ndee Avenue, Els	gin, Illinois 60120			
owned by That the total amou	10tal Ren	ontract including extras is	\$1.575.00		on which he ha	s received navment	of
<b>\$1,417.00</b> prior to	this payme	nt. That all waivers are true	, correct and gen	uine and delivered u	nconditionally and that there is	s no claim either leg	gal or equitable
having contracts or	r sub contra	acts for specific portions of	said work or for	material entering into	furnished material or labor, or the construction thereof and ork according to plans and spe	the amount due or	
	NAMES	XXIVY A CO. Y		CONTRACT	AMOUNT	THIS	BALANCE
	NAMES	WHAT I	OK	PRICE	PAID	PAYMENT	DUE
TOTAL L	ABOR AND	MATERIAL TO COMPLETE					
That there are no other	er contracts i		hat there is nothing	due or to become due	to any person for material, labor o	r other work of any ki	nd done or to be
Signed th	nis	1 st	day of	July	, 2012.		
			<b>X</b>	· ·			
Subscribed and swo	om to hafa	re me this 1st	Signature:	4 day &	OFFICIAL OFFI		
ouosciioca ana sw	om to 06101	to me unsist		day of jos	EPA ROBERT HIDO	± /	
			Signature:	ASYSLNOTARY	PUBLIC STATE OF ALTHOIS	, Nota	ry
			(/	MY CO	MMISSION EXPIRES:08/04/13	(seal)	
			, ,				

STATE OF:	Illinois	00				Gty	/#	
COUNTY OF:	Cook	SS				Esc	crow #	
то whom it i	MAY CO	NCERN:						
WHEREAS the un	dersigned	has been employ	red by	Total Renal Care				
to furnish		Change Order #	15					
for the premises kr	nown as	DaVi	ta Cobblestone	Dialysis				
of which	Total Ren	nal Care, Inc.					is the	e owner.
(\$38.00) Dollars, a claim of, or right to improvements ther	and other go o, lien, und reon, and on a account o	ood and valuable ler the statutes of n the material, fi f all labor, service	consideration the State of II xtures, apparates, material, f	thirty eight dollars & n s, the receipt whereof in linois, relating to mech- tus or machinery furnish intures, apparatus or ma ses.	f hereby acknowle anics' liens, with r ned, and on the mo	espect to and on said a oneys, funds or other o	above-described premonsiderations due or	nises, and the to become due
Given un	der		hand		a	nd seal	this	
	1st		day of	July		, 2012.		
				Signature and Seal X				
STATE OF:	Illinois		C	ONTRACTOR'S	AFFIDAVIT			
STATE OF:		SS						
COUNTY OF:	Cook	55						
TO WHOM IT M	IAY CON	ICERN:						
				e/she isRob				
who is the contracto		Chana	e Order #5	of <u>The Dubs Cor</u>	npany			
work on the buildin				e Avenue, Elgin, Illino	is 60120			
owned by	Total Rena	al Care, Inc.			3 00120			
That the total amou	nt of the co	ontract including	extras is	380.00		n which he has receive		
defeat the validity of naving contracts or	of said wai sub contra	vers. That the force of the second of the se	ollowing are the	ect and genuine and de ne names of all parties d work or for material of aterial required to comp	who have furnished	ed material or labor, or construction thereof and	r both, for said work d the amount due or	and all partie to become du
	NAMES		WHAT FOR		TRACT	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
	INAINES		WHATFOR		ace	FAID		BGE
		MATERIAL TO		there is nothing due or to	become due to any n	erson for material. labor	or other work of any ki	ind done or to b
one upon or in connec	ction with sa	aid work other than	above stated.	<b>9</b>		,	•	
Signed thi	s1	lst		lay of July		<u>, 2012.</u>		
subscribed and swor	rn to befor	e me this	1st	ignature: X	OFFICIAL OFFICIAL OFFICATION OF A COMMISSION	AL SEAL 281 BERT OUBS 3 STATE OF ILLINOIS 6 EXPIRES:08/04/13	2. Nots	ary

STATE OF:	Illinois					Giy	#	
COUNTY OF:	Cook	SS				Esc	row #	
TO WHOM IT	мау со	NCERN:						
HITTERE AG A				. I.D. 1.G				
to furnish			yed byTot	tal Renal Care				<del> </del>
for the premises k	nown as	DaV	ita Cobblestone Di	ialvsis				
of which							is the	e owner.
avir.		C1:-	1					
(\$191.00) Dollars, claim of, or right t improvements the from the owner, or	, and other to, lien, und reon, and on account of	good and valuader the statutes on the material, to fall labor, serv	ble considerations, of the State of Illine fixtures, apparatus	the receipt whereof if lois, relating to mechanior machinery furnished ares, apparatus or mach	nereby acknowled cs' liens, with res l, and on the mon	dged, do(es) hereby v spect to and on said a eys, funds or other co	bove-described premonsiderations due or	nises, and the to become du
Given u	nder		hand		an	d seal	this	
Given u	lst		day of	July	an an	, 2012.	tills	
_			-	•	1.0			
			Sig	nature and Seal $f X$				
			he partnership name	or a corporation, corporation, corporation, should be used, partner shout NTRACTOR'S A	ould sign and desig			a signal g
STATE OF:	Illinois							
		SS						
COUNTY OF:	Cook					*		
TO WHOM IT N	MAY CO	NCERN:						
THE undersigned,				he is Robin The Dubs Comp				
who is the contract		Chan	nge Order #6	The Dubs Comp	ally		_	
				Avenue, Elgin, Illinois	50120			
owned by	Total Rea	nal Care, Inc.					_	
				911.00				
to defeat the validi having contracts or	ty of said v	waivers. That the acts for specific	ne following are the portions of said w	ect and genuine and del e names of all parties w york or for material ent rial required to comple	ho have furnishe ering into the co	d material or labor, on the struction thereof and	r both, for said work I the amount due or	and all partie
	NAMES		WHAT FOR	CONTR		AMOUNT PAID	THIS PAYMENT	BALANCI DUE
						_		
						<u> </u>		
TOTALL	ABOR AN	D MATERIAL TO	COMPLETE					
That there are no other	er contracts	for said work out	standing, and that the	re is nothing due or to bec	ome due to any pe	rson for material, labor	or other work of any ki	ind done or to b
Signed th	nis	1st	day	of July		, 2012.		
			•	•		***	•••	
			Ç:~-	nature: X	VEL	ICIÁL SEAL	1	
Subscribed and swo	orn to befo	re me this		day of		ROBERT DUB\$201	2. \$	
Japonitora and Swi	0.11 tO 0010		101	ugy 01		LIC - STATE OF ALLINOIS		
			Sign	nature: He		STON EXPIRES: 80004A3	, Not	ary
			· ·		/www.	······	W	
				// '			(seal)	

			FINA	AL WAIVER OF LI	EN		
STATE OF:	Illinois	1				Gty #	
		SS					
COUNTY OF:	Cook					Escrow #	
TO WHOM IT	MAY CO	NCERN:					
WHEREAS the u	ndersigne	d has been employ	ed byTotal Re	enal Care			
to furnish		Change Order #	<del>‡</del> 7				
for the premises k	cnown as _		-	s			
of which	lotal R	enal Care, Inc.	<del></del>			<u>1</u> \$ t	he owner.
THE un	dersigned	for and in consid	eration of <u>eighteen</u>	dollars & no cents			
(\$18.00) Dollars,	and other	good and valuable	considerations, the re-	ceipt whereof if hereby acl	cnowledged, do(es) here	by waive and release any	y and all lien or
claim of, or right	to, lien, ur	der the statutes of	the State of Illinois, re	elating to mechanics' liens	, with respect to and on s	said above-described pre	mises, and the
				achinery furnished, and on			
				apparatus or machinery, he	retofore furnished, or w	hich may be furnished a	t any time
hereafter, by the u	indersigne	d for the above-de	escribed premises.				
Given u	nder		hand		and seal	thi	is
	1st		day of	July	, 2012.		
			Signatur	e and Seal $old X$			
				orporation, corporate name s			cer signing waiv
snould be set forth; i	if waiver is	ior a parmersnip, in	e parmersnip name snout	l be used, partner should sign	and designate nimself as pa	irtner.	
			CONTI	RACTOR'S AFFIDA	VIT		
STATE OF:	Illinois						
		SS					
COUNTY OF:	Cook						
TO WHOM IT	MAY CO	NCERN:					
minet	1 1. 1			D 11 14 D 1			
THE undersigned,	Drosiden	y sworn, deposes	and says that he/she is	Robin M. Dubs			
who is the contract	tor for the	Chang	of e Order #7	The Dubs Company			
work on the building	ng located	at	836 Dundee Avenu	e, Elgin, Illinois 60120	- "	-	
owned by			050 20000 111000	or Digital Million Co. D.			
That the total amou	unt of the	contract including	extras is \$178.00		on which he has re	ceived payment of	
\$160.00 prior to th	is paymen	t. That all waive	s are true, correct and	genuine and delivered unc	onditionally and that the	re is no claim either legs	al or equitable t
				s of all parties who have f			
having contracts of	r sub cont	racts for specific	portions of said work of	or for material entering inte	o the construction there	of and the amount due of	or to become du
to each, and that th	ie items m	entioned include	all labor and material re	equired to complete said w	ork according to plans a	nd specifications:	
			<del>-</del>	CONTRACT	AMOUNT	THIS	BALANCE
	NAMES		WHAT FOR	PRICE	PAID	PAYMENT	DUE

TOTAL LABOR AND MATERIAL 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.

Signed this \_ \_\_\_\_ day of \_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_\_1st

Notary

(seal)

STATE OF:	Illinois					Gt	y #	
COUNTY OF:	Cook	SS				Ea	crow #	
COUNTY OF.	COOK					Es		
TO WHOM IT	MAY CO	NCERN:						
		I has been employed by Change Order #8	Total Renal Care					
		DaVita Cobblesto	ne Dialysis					
of which	Total Re	enal Care, Inc.					is the	e owner.
(\$44.00) Dollars, a claim of, or right to improvements ther from the owner, or	and other go, lien, und or eon, and on account of	for and in consideration ofgood and valuable consideration der the statutes of the State of the material, fixtures, appart of all labor, services, material of the above-described prendicts.	ons, the receipt when Illinois, relating to ratus or machinery for fixtures, apparatus	reof if hereby mechanics' lie urnished, and	ns, with res	pect to and on said eys, funds or other of	above-described pren considerations due or	nises, and the to become due
Given ur	nder	hand			and	l seal	this	
	1st	hand day of _	July			, 2012.		
			Signature and Seal	$\mathbf{X}$	-			
STATE OF:	Illinoia		CONTRACTO	R'S AFFII	DAVIT	-		
STATE OF:	Illinois	SS						
COUNTY OF:	Cook							
TO WHOM IT M	IAY CON	NCERN:						
THE undersigned,	being duly	y sworn, deposes and says that	t he/she is	Robin M. Du				
who is the contract	President	Change Order #8	of <u>The Dub</u>	s Company				
work on the building	ig located	at 836 Dun	dee Avenue, Elgin, 1	Illinois 60120				
owned by								
\$397.00 prior to thi defeat the validity having contracts or	is payment of said was sub contra	contract including extras is	orrect and genuine as the names of all pa aid work or for mate	nd delivered u rties who hav erial entering	nconditionate furnished into the con	material or labor, of struction thereof an	no claim either legal or both, for said work nd the amount due or	and all parties
	NAMES	WHAT FO	OR	CONTRACT PRICE		AMOUNT PAID	THIS PAYMENT	BALANCE DUE
		D MATERIAL TO COMPLETE						
		for said work outstanding, and the said work other than above stated		or to become d	ue to any per	son for material, labor	or other work of any k	ind done or to be
Signed th	is	1st	_ day of	July		, 2012.		
Subscribed and swo	orn to before	ore me thislst	Signature: X	1-SEL NOTA	ry euglici	AL SEAL . 20 BEAT DUBS ) STATE OF ILLINOIS EXPIRES:08/04/13	, Not	ary
				f	·····	······································	(seal)	

STATE OF:	Illinois						Gt	y #	
COUNTY OF:	Cook	SS					Es	crow#	
TO WHOM IT	MAY CO	NCERN:							
WHEREAS the undersigned has been employed by									
to furnish		Change Order	#9						
			ta Cobblestone I	Dialysis					e owner.
	2,000				_				
(\$228.00) Dollars claim of, or right to improvements the from the owner, o	, and other to, lien, und reon, and on account of	good and valuated for the statutes of the material, for all labor, servi	ole considerations of the State of Illin extures, apparatus ces, material, fix	s, the receipt who nois, relating to r s or machinery fi tures, apparatus	ereof if he nechanics arnished,	reby acknowleds iliens, with respond on the mone	ged, do(es) hereby ect to and on said ys, funds or other	above-described pren considerations due or	nises, and the to become due
Given u	nder		hand			and	seal	this	
	lst		day of	July			, 2012.		
						1/			
			SI	gnature and Seal		V -			
									er signing waive
			CC	ONTRACTO	R'S AF	FIDAVIT			
STATE OF:	Illinois	99							
COUNTY OF:	Cook	33							
TO WHOM IT I	MAY CO	NCERN:							
who is the contract	tor for the	Chan	ze Order #9	I IIIC Dab	S Compan	у		_	_
work on the building	ng located	at	836 Dundee	Avenue, Elgin,	Illinois 60	120			
oumed by	Total Dar	al Care Inc							
That the total amou	unt of the c	ontract including	g extras is\$2	,276.00			on which he	has received payment	t of
to defeat the validinaving contracts or	this payme ty of said v r sub contr	nt. That all war vaivers. That the acts for specific	vers are true, con e following are the portions of said	rect and genuine ne names of all p work or for mate	and deliveranties who erial enter	have furnished ing into the cons	material or labor, struction thereof a	or both, for said work nd the amount due or	c and all parties
· · · · · · · · · · · · · · · · · · ·	NAMES		WHAT FOR						BALANCE
							2,5,2		
					<del>_</del> _		•		
								_	
TOTALL	ABOR ANI	MATERIAL TO	COMPLETE					4	: d d d- b-
That there are no other tone upon or in conn	ection with	for said work outs said work other tha	anding, and that th in above stated.	ere is nothing due	or to becom	ne due to any pers	on for material, labo	r or other work of any k	and done or to be
Signed th	nis	1st	da	y of	July		, 2012.		
				***	4				
			Sig	gnature: X	180			<b>~</b>	****.
Subscribed and swe	orn to befo	re me this			_ day/6 <b>\$</b>			123	
			61		45	NOTARY PUBLIC	STATE OF ILLINOIS	Not	tors.
			Sig	gnature:	1 13	MY/GOMMISSIO	NEXPIRES:08/04/13	, Not	ar y
					· · «γ	<b>******</b>	······	(seal)	

			F	INAL WA	IVER OF I	LIEN			
STATE OF:	Illinois	cc					Gty	#	
COUNTY OF:	Cook	SS					Esc	row #	
TO WHOM IT	MAY CO	NCERN:							
		has been employe		al Renal Care	:				
for the premises k	noum as	Change Order #1 DaVita	Cobblestone Di	alveie					
of which	Total Re	nal Care, Inc.	·					<u>i</u> s	the owner.
(\$68.00) Dollars, claim of, or right timprovements the from the owner, o hereafter, by the u	and other a to, lien, un- reon, and on account of andersigned		considerations, the State of Illino tures, apparatus or s, material, fixtu cribed premises.	ne receipt who is, relating to or machinery res, apparatus	ereof if hereby a mechanics' lie furnished, and a s or machinery,	ns, with respect on the moneys, heretofore furn	t to and on said a funds or other co iished, or which r	bove-described pronsiderations due on any be furnished a	emises, and the or to become due at any time
Given u	nder		hand	<del></del> -		and sea	al	th	is
	Ist		day of	July			, 2012.	->	<del></del>
			Sign	nature and Se	al $X$ $ u$				
*NOTE: All waivers should be set forth; i								ixed and title of off	icer signing waiver
			COI	NTRACT(	OR'S AFFII	DAVIT			
STATE OF:	Illinois	SS							
COUNTY OF:	Cook								
TO WHOM IT	MAY CO	NCERN:							
THE undersigned, who is the contract	being duly President	/ sworn, deposes ar	nd says that he/sh	ne is The Du	Robin M. Dubs Company	ıbs			
who is the contract	or for the	Change	Order #10		**** 1 (2122				
work on the building			836 Dundee A	venue, Elgin.	Illinois 60120				
That the total amou			extras is \$68	1.00		on which	ch he has receive	d payment of	
<u>\$613.00</u> prior to the defeat the validity having contracts of to each, and that the	is payment of said war sub contr	t. That all waivers ivers. That the for acts for specific po	are true, correct llowing are the nortions of said w	and genuine ames of all p ork or for ma	and delivered u arties who have terial entering i	nconditionally e furnished mat into the constru	and that there is a terial or labor, or action thereof and	no claim either leg both, for said wo I the amount due	rk and all parties
	NAMES		WHAT FOR		CONTRACT PRICE		AMOUNT PAID	THIS PAYMENT	BALANCE DUE
That there are no other done upon or in conne	er contracts ection with his	said work other than	nding, and that ther above stated. day Sign1st	ofature:X		Julyjos	, 2012.	BBS	kind done or to be
						••••••	······································	~~(sed)}	

STATE OF:	imnois					Gty	/ #	
COUNTY OF:	Cook	SS				Esc	row #	
TO WHOM IT	MAY CO	NCERN:						
WHEREAS the u	ndersigned	has been emple	oved by Tot	al Renal Care				
to furnish		Change Order	#11					
for the premises k	nown as	Da\	<u>'ita Cobblestone Di</u>	alvsis				
or which	l otal Re	nal Care, Inc.					is the	e owner.
(\$62.00) Dollars, a claim of, or right to improvements the from the owner, or	and other g to, lien, und reon, and o n account o	ood and valuab ler the statutes n the material, of all labor, serv	le considerations, the first the State of Illino fixtures, apparatus of	ne receipt whereof if I ne receipt whereof if I ois, relating to mechar or machinery furnisheres, apparatus or mac	nereby acknowledge nics' liens, with respect d, and on the money	ect to and on said a s, funds or other o	bove-described premonsiderations due or	ises, and the to become due
Given u	nder		hand	July	and s	eal	this	
	1 st		day of	July		, 2012.		
			Sio	nature and Seal $f X$	1			
*NOTE: All waivers should be set forth; if	s must be for f waiver is fo	r the full amoun or a partnership, t	he partnership name s	or a corporation, corporation, hould be used, partner s	hould sign and designa	ed, corporate seal af te himself as partner.	fixed and title of office	r signing waiver
•			CO	VIRACIOR'S A	KTWAVII			
STATE OF:	Illinois	SS						
COUNTY OF:	Cook							
TO WHOM IT M	MAY CON	ICERN:						
THE undersigned,		sworn, depose		ne is Robin The Dubs Com				
who is the contract				The Dubs Com	Jany			
work on the buildir	ng located a	ıt	836 Dundee A	venue, Elgin, Illinois	60120	<u> </u>		
owned by	Total Ren	al Care, Inc.		- 00				
defeat the validity having contracts or	of said wai sub contra	vers. That the octs for specific	following are the nortions of said w	and genuine and delivalences of all parties work or for material ential required to complete.	ho have furnished metering into the const	aterial or labor, or	r both, for said work d the amount due or	and all parties
	NAMES			CONT		AMOUNT	THIS	BALANCE
	NAMES		WHAT FOR	PRI	CE	PAID	PAYMENT	DUE
						_		
TOTALL	ABOR AND	MATERIAL TO	COMPLETE					
	r contracts fo	or said work outs	tanding, and that ther	e is nothing due or to be	come due to any perso	n for material, labor	or other work of any ki	nd done or to be
Signed th	is1	lst	day	of July		, 2012.		
			Sign	ature: X	OFFICIAL OFF	www	>	_
Subscribed and swo	rn to before	e me this	1st_	daso	IUSEDH TOYAL	PT DURE . 20	2.	
				//3	NOTARY PUBLIC - ST	TE OF ILLIMOIR	1	
			Sign	ature:	MYCOMMISSIONES	MRES:08/04/18	, Nota	шў
						······	(seal)	

STATE OF:	Illinois					Gty#	<u> </u>	
COUNTY OF:	Cook	SS				Escro	ow #	
TO WHOM IT	MAY CO	NCEPN:						
TO WHOM IT	MAI CO	NCERN.						
		has been employed Change Order #12	d by <u>Total R</u>					
for the premises k	nown as _	DaVita	Cobblestone Dialys	is				
of which	Total Re	nal Care, Inc.						e owner.
(\$90.00) Dollars, claim of, or right (improvements the from the owner, o	and other g to, lien, und reon, and o n account o	ood and valuable of ler the statutes of the on the material, fixt	he State of Illinois, rures, apparatus or m s, material, fixtures,	dollars & no cents eceipt whereof if here elating to mechanics achinery furnished, apparatus or machin	' liens, with respect and on the moneys, f	to and on said abounds or other con	ove-described prensiderations due or	nises, and the to become due
Given u	nder		hand		and seal		this	
	1st			July		, 2012.		
			Signatu	re and Seal $old X$	1/-			
			Signatu	to and Sour ZZ				<del>.</del>
*NOTE: All waivers should be set forth; i	s must be fo f waiver is fo	or the full amount part or a partnership, the p	id. If waiver is for a continuous artnership name should	corporation, corporate d be used, partner shou	name should be used, ild sign and designate h	corporate seal affix imself as partner.	ed and title of office	л signing waive
			CONT	RACTOR'S AF	FIDAVIT			
STATE OF:	Illinois	<b></b>						
COUNTY OF:	Cook	SS						
COUNTY OF.	COOK							
TO WHOM IT	MAY CON	NCERN:						
THE undersigned,	being duly	sworn, deposes an	d says that he/she is	Robin M	I. Dubs			
who is the contract	President	Change	Order #12	The Dubs Compan	у			
work on the building	ng located	at	836 Dundee Aven	ue, Elgin, Illinois 60	120			
owned by	Total Ren	al Care, Inc.						
That the total amou	int of the c	ontract including e	xtras is <i>\$899.00</i>		on which	he has received	payment of	2.11.4
<u> ≱<i>ชบร.บบ</i></u> prior to tn defeat the validity	is payment of said wai	. I hat all waivers a livers. That the followers.	are true, correct and	genuine and deliver es of all parties who	ed unconditionally a	nd that there is no	claim either legal	or equitable to
				or for material enter				
				required to complete				
				CONTRA	CT	AMOUNT	THIS	BALANCE
	NAMES		WHAT FOR	PRICE		PAID	PAYMENT	DUE
							_	
momit?							_	
	er contracts f	OMATERIAL TO CO for said work outstand said work other than a	ding, and that there is	nothing due or to becor	ne due to any person fo	or material, labor or	other work of any k	ind done or to be
						2012		
Signed th	118	1St	day of _	July		<u>, 2012.</u>		
				v /	A CONTRACTOR OF THE PARTY OF TH			***
			Signatur		<b>OFFICI</b>	L SEAL	<del>~</del>	
Subscribed and swo	orn to befor	re me this	1st	flay of	JOSEPH RO	BERT DUBS 2	}	
			Signatur	e: Lossol	MY COMMONIC	STATE OF KLINOIS	, Not	агу
					WHO I CHANGE TO THE TANK THE T	EXPIRES:08/04/13	<b>}</b> (1)	

cm , mp op	****		F	INAL WAI	VER OF LU	EN	- ·	
STATE OF:	Illinois	SS					Gty #	
COUNTY OF:	Cook	33					Escrow#	
то wном іт	MAY CO	NCERN:						
WHEREAS the u	ndersigne	d has been emplo	oved by Tot	al Renal Care				
to furnish		Change Order	#13					
			ita Cobblestone Di	alysis				
of which	Total Re	enal Care, Inc.					is	the owner.
(\$7.00) Dollars, a claim of, or right improvements the from the owner, o	nd other go to, lien, un exeon, and on account	ood and valuable der the statutes on on the material, to of all labor, serv	of the State of Illino fixtures, apparatus	e receipt whereco ois, relating to m or machinery fu ares, apparatus o	of if hereby ackr nechanics' liens, rnished, and on	nowledged, do(es) hereb with respect to and on s the moneys, funds or ot retofore furnished, or w	said above-described parties that her considerations due	remises, and the or to become due
Given	nder		hand			and seal	+1	his
Olveil u	1st		hand day of	Inly		and sear, 2012,	u	1115
	101					7		
			Sign	nature and Seal_	$\Lambda$			
STATE OF: COUNTY OF: TO WHOM IT N								
THE undersigned,		y sworn, deposes t	s and says that he/sh of		Robin M. Dubs Company			
vho is the contract	tor for the	Chan	ge Order #13					
vork on the buildi	ng located	at	836 Dundee A	venue, Elgin, I	llinois 60120			
wned by								
lefeat the validity aving contracts or	s payment of said war r sub cont	That all waiver aivers. That the racts for specific	rs are true, correct a following are the na portions of said w	and genuine and names of all par ork or for mate	ties who have frial entering into	on which he has re onditionally and that the turnished material or lab to the construction there ork according to plans a	re is no claim either le or, or both, for said wo of and the amount due	ork and all parties
	NAMES		WHAT FOR		CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
hat there are no other one upon or in conn	er contracts ection with	said work other th	tanding, and that ther			to any person for material,	labor or other work of an	y kind done or to b
			Sign	ature: X	Zam	-		

Signature:

Notary

(seal)

Subscribed and sworn to before me this \_

				FINAL	WAIVE	R OF LIE	N			
STATE OF:	Illinois	00						Gty#		
COUNTY OF:	Cook	SS						Escro	w#	
TO WHOM IT	MAY CO	NCERN:								
WHEREAS the un to furnish for the premises kn		Change Order	<sup>‡</sup> 14							
of which								,	<u>i</u> s th	e owner.
THE unc (\$(23.00)) Dollars or claim of, or right the improvements due from the owner hereafter, by the uncertainty of the uncer	, and other nt to, lien, thereon, a er, on acco	under the statutes nd on the materia unt of all labor, s	ole considerate of the State Il, fixtures, ap ervices, mate	tions, the rece of Illinois, re pparatus or merial, fixtures,	eipt whereof elating to me achinery fur	if hereby ack chanics' lien nished, and o	s, with respect to on the moneys,	o and on said funds or other	above-described procession due	remises, and e or to become
Given u	nder		hand				and seal		this	
	1 st		day of _	Jı	uly		. 2	012.		
				Signature a	nd Seal $f X$	1				B****
*NOTE: All waivers should be set forth; if			e partnership r		used, partner	should sign ar	nd designate hims		ed and title of office	er signing waiver
STATE OF:	Illinois									
		SS								
COUNTY OF:	Cook									
TO WHOM IT M	MAY CO	NCERN:								
THE undersigned,										
who is the contract	or for the	Chan	re Order #14		he Dubs Cor	npany				
work on the building					Elgin, Illino	s 60120				
owned by	Total Re	nal Care, Inc.					_			
That the total amou (\$210.00) prior to to defeat the validithaving contracts or to each, and that the	this payme ty of said v sub contr	ent. That all wait waivers. That the racts for specific	ers are true, following a portions of s	correct and g re the names aid work or f	of all parties for material of	who have function	conditionally an urnished materia the construction	al or labor, or thereof and	no claim either le both, for said work the amount due or	k and all parties
	NAMES		WHAT F	OR		TRACT		OUNT AID	THIS PAYMENT	BALANCE DUE
TOTALL	ABOR AN	D MATERIAL TO	COMPLETE			4 4		atamial labor as	other work of any k	rind done or to be
That there are no other done upon or in conne	ection with	said work other tha	n above stated	l.		become due to	any person for n	iatemai, labor of	omer work or any k	ma done or to be
Signed th	is	1st		_ day of	July		,2	012.		
Subscribed and swo	orn to befo	re me this	1st_	Signature:	X day	\$4 100	OFFICIAL SE	L 2012		-
			-	Signature:	//	NOTARY DIMY COL	PUBLIC STATE	DUBS OF/LINOIS S:08/04/13	Il No	tary
							<del></del>	·······	(seal)	

STATE OF:	Illinois					Gty	/#	
COUNTY OF:	Cook	SS				Esc	crow #	
TO WHOM IT	MAY CO	NCERN:						
WHEREAS the ur	ndersioned	has been employed by	Total R	enal Care				
to furnish		Change Order #15						
for the premises ki	nown as	DaVita Cobble	stone Dialys	is				
of which	Total Re	nal Care, Inc.					is the	e owner.
(§(1,120.00)) Doll lien or claim of, or and the improvement become due from the come	ars, and of right to, li ents thereo the owner,	for and in consideration of ther good and valuable contien, under the statutes of the ton, and on the material, fix on account of all labor, sedersigned for the above-defined.	siderations, t ne State of Ill tures, appara rvices, mater	the receipt whereo linois, relating to n tus or machinery f rial, fixtures, appar	if hereby acknownechanics' liens, warmished, and on the	wledged, do(es) here with respect to and on the moneys, funds or	n said above-describe other considerations	ed premises, due or to
Given ur		hanc			and	i seal	this	
	1st_	day	of	July		, 2012.		
			Signatur	re and Seal_X_	1/-			
snould be set torth; if	waiver is fo	or a partnership, the partnersh		d be used, partner sh		nate himself as partner.		
STATE OF:	Illinois	SS						
COUNTY OF:	Cook	33						
TO WHOM IT M	IAY CON	NCERN:						
		sworn, deposes and says						
who is the contract		Change Order #	of	The Dubs Comp	any			
		at 836 E		ue, Elgin, Illinois	50120			
owned by	Total Ren	al Care, Inc.						
That the total amou	nt of the c	ontract including extras is	(\$11,200	0.00)			nas received payment	
		yment. That all waivers						
equitable to deleat	ine validity	y of said waivers. That the sub contracts for specific	e tollowing a	are the names of all	l parties who hav	e furnished material	or labor, or both, for	said work and
become due to each	, and that	the items mentioned inclu-	de all labor a	nd material require	ed to complete sa	id work according to	plans and specificati	ions:
				CONTI	RACT	AMOUNT	THIS	BALANCE
	NAMES	WHA	FOR	PRIC	E	PAID	PAYMENT	DUE
That there are no other	r contracts f	O MATERIAL TO COMPLE for said work outstanding, and said work other than above sta	that there is a	nothing due or to bec	ome due to any per	son for material, labor	or other work of any ki	nd done or to be
Signed thi	is	1st	day of _	مخلائم	<b>****</b>	, 2012.		
				<b>V</b>	OFFICIAL BE	L	>	_
Subscribed and swo	rn to hefor	re me this 1st	Signatur	e: A day of	W Maria S	ाह , 201	2	
	,	101		Anna	magfaction to the	1201	1	
			Signature	e: // 000/	Cook	and constant	Nota	iry
							(seal)	

FINA	T. W.	ATVER	OFI	TEN

			FUNAL	AIVER OF LI	LIN		
STATE OF:	Illinois	99			Gty	·#	
COUNTY OF:	Cook	SS			Esc	row #	
TO WHOM IT	MAY CO	NCERN:					
to furnish		Change Order #16					
of which	Total Re	Davita Cobble	estone Dialysis			is th	e owner.
(\$71.00) Dollars, a claim of, or right to improvements the from the owner, or	and other go to, lien, und treon, and on account o	ler the statutes of the State n the material, fixtures, ap	rations, the receipt we of Illinois, relating oparatus or machine rial, fixtures, appara	whereof if hereby ack to mechanics' liens, ry furnished, and on	mowledged, do(es) hereby way with respect to and on said a the moneys, funds or other corretofore furnished, or which	bove-described pren onsiderations due or	nises, and the to become due
Given u		hand	1		and seal	this	
	<u>lst</u>	day			, 2012.		
			Signature and	Seal X		·	
*NOTE: All waivers should be set forth; i	s must be for f waiver is fo	r the full amount paid. If wor a partnership, the partnersh	raiver is for a corporate aip name should be use	ion, corporate name sl d, partner should sign	hould be used, corporate seal aff and designate himself as partner.	ixed and title of office	æ signing waive
			CONTRACT	TOR'S AFFIDA	VIT		
STATE OF:	Illinois	SS					
COUNTY OF:	Cook	33					
TO WHOM IT N	MAY CON	ICERN:					
THE undersigned,	being duly	sworn, deposes and says	that he/she is	Robin M. Dubs	·		
who is the contract	or for the	Change Order #	or ine i	Dubs Company			
work on the building	ng located a	at 836 E		in, Illinois 60120			
owned by	Total Ren	al Care, Inc.	\$714.00		on which he has receive	d navment of	
\$643.00 prior to the defeat the validity having contracts or	is payment, of said wai r sub contra	That all waivers are true vers. That the following acts for specific portions of	e, correct and genuin are the names of all of said work or for a	e and delivered unce parties who have for naterial entering into	onditionally and that there is a urnished material or labor, or the construction thereof and ork according to plans and sp	no claim either legal both, for said work the amount due or	and all parties
	NAMES	WHA	T FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
That there are no other	r contracts f	MATERIAL TO COMPLE or said work outstanding, and aid work other than above sta	d that there is nothing	due or to become due t	o any person for material, labor	or other work of any k	ind done or to be
Signed th	is	lst	day of	July	, 2012.		
			Signature: X	Sun	Marina Marina	>	_
Subscribed and swo	orn to before	e me thislst	oignature:	day of J	OFFICIAL SEAL 201	2	
			Signature:	Losel 1	LE STEDELLINGS	Not.	ary
						(seal)	