

PROOF OF SERVICE OF CLAIM OF LIEN

State of Michigan

} §

County of _____

_____, a person of suitable age and discretion, as the duly authorized agent for

_____ being first duly sworn in accordance with the law, deposes and says:

Use if service was by certified mail.

That on the _____ day of _____, A.D. _____ he/she has served a Claim of Lien upon the owner/designee named in the Notice of Commencement, (a true and exact copy of which is attached hereto) by U.S. Certified Mail, Return Receipt requested, and mailed with postage fully prepaid thereon to the following person(s) with the certified number as indicated:

Use if service was made personally.

That on the _____ day of _____, A.D. _____ he/she personally served a true copy of the Claim of Lien (a true and exact copy of which is attached hereto) upon the following person(s) by handing said true copy of said Claim of Lien to:

| Addressee/Address | Indicate whether Owner Designee or Contractor | Certified Mail Number if applicable |
|-------------------|--|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Printed Name)

(Signature)

Subscribed, sworn to and acknowledged before me this _____ day of _____

NOTARY PUBLIC:

(Signature/Printed Name)

My commission expires: _____, _____

_____ County, MI