DOC # 0211684

Official Record

Recording requested By LAYNE PUMPS INC

Eureka County - NV Mike Rebaleati - Recorder

Fee: \$39.00 Page 1 of 2 RPTT: Recorded By. LLH

Book- 0469 Page- 0366

Recording Requested by:

Name Layne Pumps

Address PO Box 640

APN#

City/State/Zip Twin Falls, ID 83303

Notice of Lien

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or printed.

NOTICE OF LIEN

The undersigned claims a lien upon the prope	erty described in this notice for work,
materials, or equipment furnished or to be fur	mished for the improvement of the property:
1. The amount of the original contract is	\$10,079.00
2. The total amount of all additional or chang	ged work, materials and equipment, if any,
is: \$0.00	

- 3. The total amount of all payments received to date is \$_\$1000.00
- 4. The amount of the lien, after deducting all just credits and offsets, is \$9079.00
- 5. The name of the owner, if known, of the property is: Hale and Donna Bailey
- 6. The name of ther person by whom the lien claimant was employed or to whom the lien claimant furnished or agreed to furnish work, material or equipment is:

Layne Pumps, Inc., P.O. Box 640, Twin Falls, ID 83303

- 7. A brief statement of the terms of payment of the lien claimant's contract is net 30
- 8. A description of the property to be charged with the lien is:

Legal description for APN: 005-390-15

E½; NE½NW½; E½SE½NW½; E½NE½SW½ Section 32, T30N, R32E MDB&M
All Section 33, T30N, R32E MDB&M except 4.00 Ac deeded to Ray Bailey Parcels 1 & 2 of Map
File #137905

18.28 Ac in SR278 Highway ROW

	Layne Pumps, Inc.
	(Print Name of Lien Claimant)
	By Just Hand
/ /	(Authorized Signature)
State of Nevada)	
) ss. County of Eureka)	/ /
County of Eureka	\ \

Keith Hardy , being first duly sworn on oath according to law, deposes and says:

I have read the foregoing Notice of Lien, know the contents thereof and state that the same is true of my own personal knowledge, except those matters stated upon information and belief, and, as to those matters, I believe them to be true.

Authorized Signature of Lien Claimant)

Subscribed and sworn to before me
This /2 day of the month of Fabruary of the year 2008

Notary Public in and for the County of
Twin Falls, State of Idaho

My commission expires ____//4// \array

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