Mattcon General Contractors, Inc.
5460 W 84th St.
Indianapolis, IN 46268
Phone: (317) 872-4700
Fax: (317) 872-0428

Project Name:

Exhibit E –Waiver and Release of Liens and Claims

☐ PARTIAL ☐ FINAL ☐ PAYMENT TO FOLLOW

The undersigned, being duly sworn upon his oath, states that he is a principal owner, officer, or authorized agent of Southern Drywall LLC ("Contractor"), and is duly authorized to enter into this agreement and make these affirmations on behalf of Contractor, which contracted with Mattcon General Contractors, Inc. to furnish materials, labor or services for project _____ (hereinafter known as "Project"), owned by CSL Plasma Services and does hereby further state that the sum of $_____ is due Contractor, the payment of which is made as consideration for this Affidavit and Waiver and Release of Liens and Claims and constitutes full and complete satisfaction of all sums owing to Contractor.

Therefore, as to the following entities:

Mattcon General Contractors, Inc. (Prime Contractor)
(Surety)

and all other entities having an interest in this project, the undersigned as duly authorized agent for Contractor hereby waives and releases any and all claims, Verified Statement of Claims and Mechanic's Liens, and further waives and releases any and all other liens or claims or rights to liens or claims whatsoever on the above-described property, the improvements thereon and the Project and on contractor's bond, on account of labor, materials or services furnished by Contractor, and Contractor further certifies that all funds received from this project have been applied for the payment for labor, material and services furnished to this project by employees, subcontractors and material suppliers and that no other party has any lien or claim on account of any work performed or material furnished for said Project, and within the scope of this Affidavit and Waiver.

By:_____

Printed:_____

Title:_____

STATE OF)
) SS:
COUNTY OF)

The foregoing, _____, personally appeared before me, a notary public, as a duly authorized officer or agent of _____,who having been duly sworn, acknowledged the execution of the foregoing Affidavit and Wavier and Release of Liens and Claims, for and on behalf of said corporation and stated that the representations therein contained are true.

WITNESS my hand and notary seal this _____ day of _____, 20_____.

Signed:_____

Printed:_____
Notary Public

My Commission Expires:
_____

My County of Residence is:
_____

_____