

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



Project Name: \_\_\_\_\_

## Exhibit J - Conditional Waiver and Release of Liens and Claims (Joint Check)

\*To be completed, signed, and notarized by 2nd tier subcontractors and suppliers

The undersigned, being duly sworn upon his oath, states that he is a principal owner, officer, or authorized agent of \_\_\_\_\_ ("Subcontractor/Supplier") and is duly authorized to enter into this agreement and make these affirmations on behalf of Subcontractor/Supplier which has contracted with \_\_\_\_\_ ("Contractor") and Mattcon General Contractors, Inc. to furnish materials, labor or services for a project known as \_\_\_\_\_ (hereinafter "Project"), owned by CSL Plasma Services ("Owner") and does hereby further state that the sum of \$ \_\_\_\_\_ is due Subcontractor/Supplier, 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 Subcontractor/Supplier.

Therefore, as to the following entities:  
 (Owner)

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

and all other entities having an interest in this project, the undersigned as duly authorized agent for Subcontractor/Supplier 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 Subcontractor/Supplier, and Subcontractor/Supplier 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.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) SS:  
 COUNTY OF \_\_\_\_\_ )

The foregoing, \_\_\_\_\_, personally appeared before me, a notary public, as \_\_\_\_\_, 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: \_\_\_\_\_