RECORDING REQUESTED BY
ESCALON UNIFIED SCHOOL DISTRICT
1520 YOSEMITE AVENUE
ESCALON, CA 95320

AND WHEN RECORDED MAIL TO :

NAME	TIMOTHY P. HUFF & ASSOC. INC.
STREET ADDRESS	519 McHENRY AVENUE
CITY, STATE & ZIP	MODESTO, CA 95354

SPACE ABOVE THIS LINE FOR RECORDER'S USE

NOTICE OF COMPLETION

Notice pursuant to Civil Code Section 3093, must be filed within 10 days after completion.

Notice is hereby given that:

1. The undersigned is owner or corporate office of the owner of the interest or estate stated below in the property hereinafter described:
2. The full name of the owner is ESCALON UNIFIED SCHOOL DISTRICT
3. The full address of the owner is 1520 YOSEMITE AVENUE ESCALON CA 95320
4. The nature of the interest of estate of the owner is: In fee.

(IF OTHER THAN FEE, STRIKE "IN FEE" AND INSERT, FOR EXAMPLE, "PURCHASER UNDER CONTRACT OF PURCHASE", OR "LESSEE")

5. The full names and full addresses of all persons, if any, who hold title with the undersigned as joint tenants or as tenants in common are:

NAMES ADDRESSES

None

6. The full names and full addresses of the predecessors in interest of the undersigned, if the property was transferred subsequent to the commencement of the work or improvement herein referred to:

None

7. A work of improvement on the property hereinafter described was completed on ,2019 . The work done was:

Sitework for relocatable classroom building and alterations to six (6) relocatable classroom buildings

8. The name of the contractor, if any, for such work of improvement was JHK CONSTRUCTION, INC.

(IF NO CONTRACTOR FOR WORK OF IMPROVEMENT AS A WHOLE, INSERT "NONE") (DATE OF CONTRACT) 03/21/2019

9. The property on which said work of improvement was completed is in the City of ESCALON

County of SAN JOAQUIN, State of CA, and is described as follows: ESCALON CHARTER ACADEMY

10. The street address of said property is 2105 East Highway 120, Escalon, CA 95320
IF NO STREET ADDRESS HAS BEEN OFFICIALLY ASSIGNED, INSERT "NONE")

Dated: _____

Ron Costa, District Superintendent of Escalon Un ified School District
(SIGNATURE OF OWNER OR CORPORATE OFFICER OF OWNER NAMED IN PARAGRAPH 2 OR HIS AGENT)

VERIFICATION

I, the undersigned, say: I am the District Superintendent the declarant of the foregoing notice of completion;
("PRESIDENT OF", "MANAGER OF", PARTNER OF", "OWNER OF", ETC.)

I have read said notice of completion and know the contents thereof; the same is true of my own knowledge. I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, at ESCALON (CITY), CA (STATE).

Ron Costa, District Superintendent Escalon Unified S.D
(PERSONAL SIGNATURE OF THE INDIVIDUAL WHO IS SWEARING THAT THE CONTENTS OF THE NOTICE OF COMPLETION ARE TRUE.)