

EXHIBIT F  
PARTIAL RECEIPT, WAIVER AND RELEASE OF CLAIMS

The undersigned hereby acknowledges receipt of payment in the amount of \$ \_\_\_\_\_  
dated \_\_\_\_\_ Check # \_\_\_\_\_ on behalf of: **Watts and Company L.L.C.**  
("Contractor"), as partial payment for labor, materials, equipment and services provided by the  
undersigned to Contractor for the following project: **Project #** \_\_\_\_\_

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

**Project Address:** \_\_\_\_\_

The undersigned waives any and all mechanics' lien rights and/or claims it has or may  
have with respect to the Project, and releases and forever discharges the Oblige, General  
Contractor, Contractor, Bank, and/or SWEC, and their respective officers, directors, employees, sureties  
insurers, disbursing agents and representatives from any and all claims for payment, including  
but not limited to payment bond claims, but only to the extent of the payment acknowledged  
above.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (Print company name) \_\_\_\_\_

(SEAL) By: \_\_\_\_\_ Its: \_\_\_\_\_

Witness \_\_\_\_\_

Sworn to and subscribed by me this \_\_\_\_\_ day of \_\_\_\_\_ Notary \_\_\_\_\_

(Notary Seal)

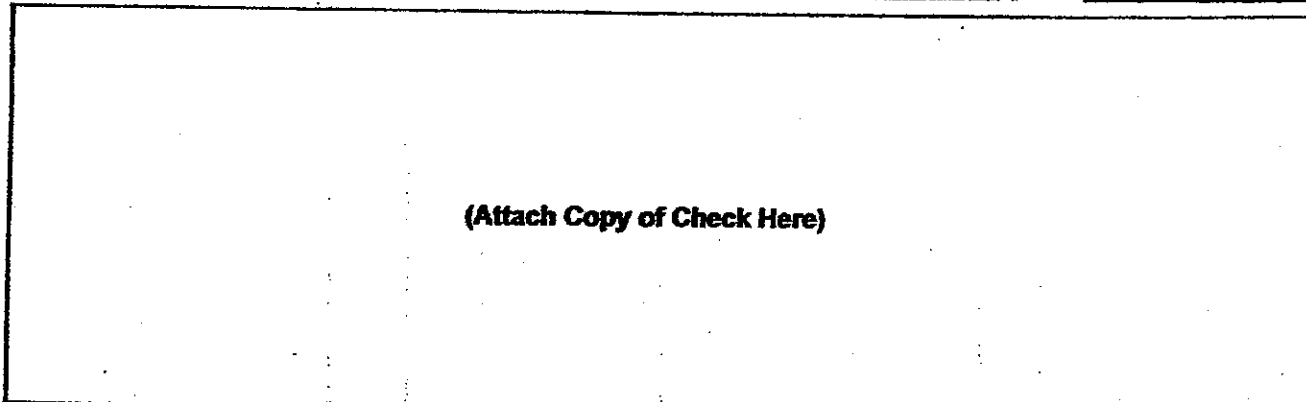
My Commission Expires: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ E.I.N.# or S.S.# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Mobil Phone# \_\_\_\_\_ Fax# \_\_\_\_\_



**PLEASE COMPLETE AND RETURN TO:  
Watts & Company L.L.C. - 1820 E. Cavanaugh - El Reno - Oklahoma - 73036 - Fax: (405)-262-0152  
FAILURE TO COMPLETE LIEN WAIVERS WILL DELAY FUTURE PAYMENTS**