

NOTICE OF COMPLETION

DATED MARCH 10, 2020

RECORDED NO. 20210183799 RECORDED ON 2/02/2021

FILED WITH CONTRACT #34577
(BITECH CONSTRUCTION COMPANY INC)

RECORDING REQUESTED BY CITY OF LONG BEACH

411 W. Ocean Blvd Long Beach, CA 90802

AND WHEN RECORDED MAIL TO

CITY OF LONG BEACH
DEPT. OF PUBLIC WORKS
Project Management Bureau
411 W. Ocean Blvd, 5th floor
Long Beach, CA 90802
Attn: Brian Polivka



SPACE ABOVE THIS LINE FOR RECORDER'S USE

NOTICE OF COMPLETION

Free recording requested per Government Code Section 6103.

NOTICE IS HEREBY GIVEN THAT:

The CITY OF LONG BEACH is owner of the interest or estate stated below in the property herein described.

The full address of the undersigned is 411 West Ocean Boulevard, Long Beach, CA 90802

The nature of the title of the undersigned is in fee or public easement.

Taparormalo

A work of improvement on the property hereinafter described was completed on November 4, 2020

Said work of improvements is fully described as the Civic Center Monument Sign (JOC #32J0032.00 & JOC #32J0032.01), for which the primary job order contract was executed on March 10, 2020.

#3230032.01), for which the primary job order contract was executed on watch 10, 2020.

The name of the original contractor for such work of improvement was Bitech Construction Company, Inc.

The property on which said work of improvement was completed is located at 400 West Broadway in the City of Long Beach, County of Los Angeles, State of California.

The undersigned, being duly sworn on behalf of the City of Long Beach, says the he/she is the person signing the above document; that he/she has read the same, and knows the content thereof, and that the acts stated therein are true.

City of Long Beach

12-16-20 @ 10:50

Mouhsen Habib, City of Long Beach

Los Angeles County

Commission # 2295214 Ny Comm. Expires Jun 27, 2023

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of California) County of Los Angeles) | |
|---|---|
| Subscribed and sworn to (or affirmed) before me on this _ 20, by | 16th day of December. |
| evidence to be the person(s) who appeared before me. | , proved to me on the basis of satisfactory |
| 12/14/2020 (Date) | SEAL |
| (Date) | RACY TAFAOIMALO Notary Public - California |

This page is part of your document - DO NOT DISCARD





20210183799



Pages: 0003

0.00

0.00

Recorded/Filed in Official Records Recorder's Office, Los Angeles County, California

02/02/21 AT 10:34AM

FEES: TAXES:

OTHER: 0.00

PAID: 0.00





202102022880038

00019817972



011756854

SEQ: 05

DAR - Mail (Intake)



THIS FORM IS NOT TO BE DUPLICATED



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of California | 1 |
|-----------------------|---|
| County of Los Angeles | <u> </u> |
| on 12/16/2020 | before me, Tracy Tafaoimalo, Notary Publice |
| Date ' | Here Insert Name and Title of the Officer |
| personally appeared | Monksen Habib |
| | Name(s) of Signer(s) |
| | |

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature SMM Infasimal
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL -

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document Title or Type of Document; _____ _____Number of Pages: _____ Document Date: Signer(s) Other Than Named Above: ___ Capacity(ies) Claimed by Signer(s) Signer's Name: _ Signer's Name: □ Corporate Officer – Title(s): __ □ Corporate Officer – Title(s): ___ □ Partner - □ Limited □ General □ Partner -- □ Limited □ General ☐ Individual ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact □ Trustee ☐ Guardian or Conservator □ Trustee □ Guardian or Conservator □ Other: □ Other: _ Signer is Representing: __ Signer is Representing: _