

ABRAHAMSON NURSERIES

1257 State Road 35
St. Croix Falls, WI 54024
715-483-3040

Mike Lynskey	439-1412
John Mead	777-7603
Email Address:	mike@lynkeyclark.com

Payment to be made as follows: In full upon completion.

<i>AUTHORIZED</i>	Note: This proposal may be withdrawn
<i>SIGNATURE:</i>	by us if not accepted within 30 days.

a) Any person or company supplying labor or materials for this improvement to your property may file a lien against your property if that person or company is not paid for the contributions.

b) Under Minnesota law, you have the right to pay persons who supplied labor or materials for this improvement directly and deduct this amount from our contract price, or withhold the amounts due them from us until 120 days after completion of the improvement unless we give you a lien waiver signed by persons who supplied any labor or materials for the improvement and who gave you timely notice.

We are pleased to submit the following estimate for:

[illegible]

\$2,739.65

Acceptance Date: _____ Signature: _____