

Recording Requested by
And When Recorded Mail to:

CSAA Insurance Group
P.O. Box 24523
Oakland, CA 94623

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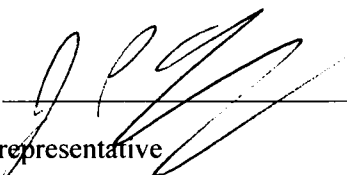
NOTICE OF STATUTORY MEDICAL PAYMENTS LIEN

Please take notice that **Western United Insurance Company**, doing business as **CSAA Insurance Group**, holds a perfected lien pursuant to Arizona Revised Statutes §20-259.01 with respect to certain payments made to or on behalf of the insured named below.

Name of Insured(s)	Jim Chia Kuo Liu
Address of Insured(s)	2721 W. Ellis Dr.
Name of Insurer	Western United Insurance Company doing business as CSAA Insurance Group
Address of Insurer	PO Box 24523 Oakland, CA 94623
Insurer's Claim Number	1005-90-6986
Amount Claimed	\$5,000 (final)
Name and Address of Person(s) liable for damages arising from the accident that gave rise to the amount claimed.	Custom Desert Landscape LLC PO Box 943, Queen Creek, AZ 85142-1819

In Witness Whereof, this Notice has been executed this 24th day of October 2025 by the undersigned.

Western United Insurance Company, doing business as
CSAA Insurance Group

By  Josh Allton
Its representative