

Unofficial Document

Recording Requested by
And When Recorded Mail to:

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

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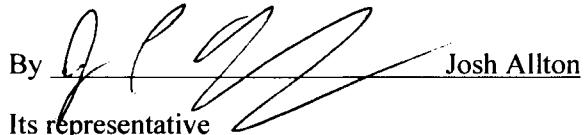
NOTICE OF STATUTORY MEDICAL PAYMENTS LIEN

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)	Carlos Mendoza
Address of Insured(s)	820 N. Grant Ave., Pocatello, ID 83204
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	1005-97-5265
Amount Claimed	\$3,488.35 (final)
Name and Address of Person(s) liable for damages arising from the accident that gave rise to the amount claimed.	Bazira Rukarila 8848 W. Watkins St., Tolleson, AZ 85353

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 
Its representative Josh Allton