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## NOTICE AND CLAIM OF MEDICAL LIEN

**Spooner Physical Therapy**  
**PO Box 4570**  
**Scottsdale, AZ 85261-4570**

Amount due for care of patient: **pending**

**Ileana Maciel, 2020 West Glendale Ave., Apt 2099, Phoenix, AZ 85021  
State Farm, PO Box 106171, Atlanta, GA 30348-6171, CL #: 0390K186D  
Sweet James Accident Attorneys, 7310 N. 16<sup>th</sup> St. Suite 250, Phoenix, AZ 85020**

STATE OF ARIZONA )  
 ) SS.  
COUNTY OF MARICOPA )

For: **Spooner Physical Therapy**

SUBSCRIBED AND SWORN to before me,  
the undersigned Notary Public, this  
**23<sup>rd</sup> day of October, 2025.**

