Me
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When recorded; mail to:
PAIN LLC ,AGENT
8390 E Via De Ventura, F-110 Box 333
Scottsdale, AZ 85258

NOTICE AND CLAIM OF MEDICAL LIEN for PAIN LLC as ASSIGNEE/AGENT OF:
- ☑ PAIN LLC
- ☑ Pain and Spine Treatment Centers
- ☑ Mountain Side Anesthesia
- ☑ Sonoran Pain Specialists, PLLC DBA as Palo Verde Pain Specialists and Dr Adam Kramer

NAME OF CLAIMANT: ☑ Pain and Spine Treatment Centers,
☑ Mountain Side Anesthesia,
☑ Sonoran Pain Specialists, PLLC DBA as Palo Verde Pain Specialists and Dr. Adam Kramer

ADDRESS OF CLAIMANT: 16620 north 40th street suite D1, Phoenix, AZ 85032
13090 North 94thDr., Suite 212, Peoria AZ 85381

NAME OF OFFICER OR AUTHORIZED AGENT, IF CORPORATION: Pain LLC, 8390 E Via De Ventura, F-110, Box 333, Scottsdale, AZ 85258

NAME OF PATIENT: Angel Mendoza

DATE OF PATIENT'S FIRST TREATMENT: 10/27/25

DATE OF PATIENT'S FULL RELEASE: Ongoing care

AMOUNT DUE CLAIMANT FOR CARE AND TREATMENT OF PATIENT: Initial amount $1,322.32 + on going care.

STATE AND COUNTY IN WHICH INJURIES OR ILLNESS OCCURRED: Maricopa County, AZ

To the best of claimant's knowledge, the names and addresses of all persons, firms, corporations, and insurance carriers of said persons, firms or corporations claimed by the above named patient, or by his legal representative to be liable for damages are as follows:

Names	Address
Angel Mendoza	2329 N. 12th St Apt A Phoenix, AZ 85006
Cruz + Associates	1212 E. Osborn rd Phoenix, AZ 85014

(PROVIDERS AND TOTALS TO BE SUPPLEMENTED AT CLOSE OF TREATMENT)

Pursuant to the laws of the State of Arizona, specifically A.R.S. § 33-931 and 33-392 et seq., the Healthcare Providers listed above does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims or demands for damages accruing to said patient named herein, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her medical care and treatment for which claimant rendered medical care at the rate customarily charged for such services which exceed $250.00, as provided under A.R.S. § 33-931(B), the sum of which is due and payable as indicated above.

PAYMENTS AND QUESTIONS ARE TO BE MADE TO THE FOLLOWING:
PAIN LLC ,AGENT
8390 E Via De Ventura, F-110 Box 333
Scottsdale, AZ 85258
(602) 367-7246

State of ARIZONA)
) ss.
County of MARICOPA)

JONATHAN ISAAC SCHIBEL
Notary Public - Arizona
Maricopa County
My Commission Expires
June 10, 2028
Commission # 203358245

GREAT SEAL OF THE STATE OF ARIZONA 1912

I, Maureen, being first duly sworn upon oath, depose and say: (1) That I am the person herein named as claimant (or the authorized agent of such claimant); (2) That I have made this Notice and Claim of Medical Lien in good faith; and (3) That the facts therein stated are true and correct to the best of my knowledge, information and belief. (4) That within 5 days after the recording of said lien, a copy thereof, postage prepaid was mailed, if the address is stated above, to the above named patient, firm, or corporation and the insurance carrier of each listed above as persons believed to be liable.

Maureen
Claimant or Agent

SUBSCRIBED AND SWORN TO before me this 7th day of November, 2025.

J Isaac Schibel
Notary Public

My Commission Expires: June 10,2028