NOTICE OF AMENDED PHYSICIAN'S LIEN

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<tr><td></td><td>For Courts Use Only</td></tr>
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To the County Clerk of Tulsa, Oklahoma; pursuant to Okla. Stat. tit. 42 § 46, please enter this lien on the Mechanics and Materialman's lien docket. This lien concerns amounts due to Physician for services rendered to below named patient relating to injuries sustained by patient arising from an accident that occured on 2008-09-26. This lien is not being asserted against any real property owned by Patient, but rather Physician hereby places the following parties on notice that this lien is being asserted against any recovery or sum had or collected or to be collected by said patient, their heirs, personal representatives, or their estate, whether Patient's remedy for said accident is made by settlement, compromise, judgement or court award.

[X] Attached bill is **not** final lien. An amended lien to follow.

Lien Amount $1285.0

[ ] Attached bill is the final lien.

[X] This lien ammends lien no. L2008013966, because: Amending Amount

Patient:	Patient's Insurer:	Policy or Claim no.:
Rachella Marshall	None	
1718 N Union ave		Adjuster:
Tulsa, Ok 74127	,	

Defendant:	Defendant's Insurer:	Policy or Claim no.:
Sourthern Agriculture	The Republic Group	ACV0891425
	PO Box 809056	Adjuster:
,	Dallas, TX 75380	Jeff Etheridge

Other Responsible Party:	Other Party's Insurer:	Policy or Claim no.:
	None	
		Adjuster:
,	,	

Patients Attorney (If Known):	Chris Knight
	5801 E 41st ste 800
	Tulsa, OK 74136

Physician: Thomas E.
Address: 2828 E 51st Street, Suite 103
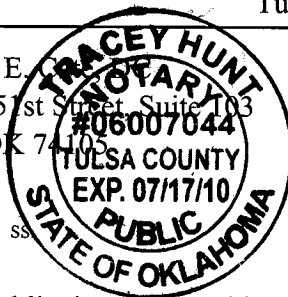   Tulsa, OK 74105

State of Oklahoma)
County of Tulsa)   ss

Make Checks Payable To: Cate Chiropractic Center
Tax ID Number: 73-1443096
Telephone Number: (918) 747-2225
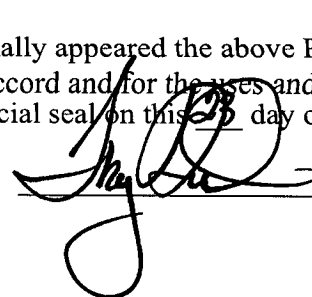**Physician Signature:**

Before me, a Notary Public, in and for said County and State, personally appeared the above Physician, Known to be the same and identical person, signed of his own free act and accord and for the uses and purposes therein set forth. In witness thereof, I have affixed my hand and official seal on this ___ day of ___, 20__

My commission no. 06007044 expires on 2010-07-17

_____ Notary Public