NOTICE OF PHYSICIAN'S LIEN

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 2009-08-10. 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.

| For Courts Use Only | | | | | |
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| collected by said patient, the ir estate, whether Patient's re clement, compromise, judgeme | medy for said a | ccident is made by | | |
|---|--|---|----------------------|--|
| | X Attached bill is not final lien. An amended lien to follow. | | | |
| Lien Amount \$1705.0 | Attached bill is the final lien. | | | |
| | ☐ This lien an | nmends lien no., be | cause: | |
| Patient: | Patient's Inst | urer: | Policy or Claim no.: | |
| Joe Barber | Oklahoma Fa | rm Bureau | 20098288443 | |
| 1551 E 50th Pl | 10777 S Mem | norial Dr ste D | Adjuster: | |
| Tulsa, Ok 74105 | Tulsa, OK 74 | 133 | Jane Kirk | |
| Defendant: | Defendant's | Insurer: | Policy or Claim no.: | |
| Randi Mclain | State Farm In | | 36A633653 | |
| Kanai Welam | PO Box 2210 | | Adjuster: | |
| , | Tulsa, OK 74 | | | |
| Other Responsible Party: | Other Party' | s Insurer: | Policy or Claim no.: | |
| , | None | | Adjuster: | |
| Patients Attorney (If Know | 411 | ssell Lobaugh 11 S Darlington ave lsa, Ok 74135 | ste 1075 | |
| Physician: Thomas E. Cate, DC Address: 2828 E 51st Sect. Suite 103 Tulsa | | Tax ID Number: Telephone Numb | | |
| County of Tulsa) TULSA | 07044) COUNTY | Physician Signatu | | |

to be the same and identical percent signed of his own free act and accord and for the percent and purposes therein set forth. In witness thereof, I have affixed my hand and official seal on this day of the percent and purposes.

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

Notary Public

aid County and State, personally appeared the above Physician, Known