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 2009-01-08. 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.

Lien Amount \$485.0

Patient:

Shirley Ward

Defendant:

2812 E Memphis

Broken Arrow, Ok 74014

Other Responsible Party:

| ISICIAN S LIEN | | For Courts Use Only |
|---|---|--|
| Mechanics and Materialman's lien and the services and the services are lating to injuries sustained by at occured on 2009-01-08. This lien are property owned by Patient, but following parties on notice that this covery or sum had or collected or to heirs, personal representatives, or and the services are deep for said accident is made by the or court award. | | |
| X Attached bill is not final lien. An amended lien to follow. | | |
| ☐ Attached b | ill is the final lien. | |
| ☐ This lien a | mmends lien no., because | se: |
| Patient's Insurer: | | Policy or Claim no.: |
| Guide One | | 42C08427 |
| PO Box 14543 | | Adjuster: |
| Des Moine, IA 50306 | | Holly Inman |
| | | Policy or Claim no.: |
| None | | Adjuster: |
| , | | AANJ NOTOR + |
| Other Party's Insurer: Po | | Policy or Claim no.: |
| None | | |
| | | Adjuster: |
| , | | |
| : un | known | |
| , | | |
| DC 1, Suite 103 7044 | Make Checks Payabl Tax ID Number: Telephone Number: Physician Signature: | e To: Cate Chiropractic Center 73-1443096 (918) 747-2225 |

Patients Attorney (If Known): unknown Physician: Thomas E. Cate, DC Make Checks Payab Address: Tax ID Number: 2828 E 5 uite 103 **Telephone Number:** Physician Signature: State of Oklahoma County of Tulsa)

Before me, a Notary Rubber mand (County and State, personally appeared the above Physician, to be the same and identical person, signed of his own free act and accord and for the uses and purposes aid County and State, personally appeared the above Physician, Known therein set forth. In witness thereof, I have affixed my hand and official seal on this day of \underline{Abn} , 20U

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

Notary Public