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 2007-11-05. 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.

Address:

State of Oklahoma)

Before me, a Notary Public

County of Tulsa)

2828 E 51st St

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

TULSA COUNTY

Tulsa, OK

ISICIAN S LIEN	For Courts Use Only	
Ahoma; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien ints due to Physician for services relating to injuries sustained by at occured on 2007-11-05. This lien real property owned by Patient, but following parties on notice that this acovery or sum had or collected or to heirs, personal representatives, or nedy for said accident is made by a or court award.		
X Attached bill is not final lien. An a	amended lien to follow.	
Attached bill is the final lien.		
This lien ammends lien no., because	se:	
Patient's Insurer:	Policy or Claim no.:	
None		
	Adjuster:	
,		
Defendant's Insurer:	Policy or Claim no.:	
	#36A-536-316	
PO Box 22101	Adjuster:	
Tulsa, OK 74121-2101	Todd Towe	
Other Party's Insurer: None	Policy or Claim no.:	
	Adjuster:	
: Chris Knight 5801 E 41st ste 800 Tulsa, Ok 74136		
Tax ID Number: Telephone Number: Physician Signature:	e To: Cate Chiropractic Center 73-1443096 (918) 747-2225	
SA COUNTY)	7	

	<u> </u>	
Lien Amount \$1450.0	☐ Attached bill is the final lien.	
	☐ This lien ammends lien no., be	ecause:
Patient:	Patient's Insurer:	Policy or Claim no.:
Olumbunmi Ogundare	None	
6502 S 93rd E ave		Adjuster:
Tulsa, Ok 74133	,	
Defendant:	Defendant's Insurer:	Policy or Claim no.:
Audra Thomas	State Farm Ins. Co.	#36A-536-316
	PO Box 22101	Adjuster:
,	Tulsa, OK 74121-2101	Todd Towe
Other Responsible Party:	Other Party's Insurer: None	Policy or Claim no.:
		Adjuster:
,	,	
Patients Attorney (If Know	Chris Knight 5801 E 41st ste 800 Tulsa, Ok 74136	

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

ounty and State, personally appeared the above Physician, Known

day of **16-**, 20**0**

Notary Public