## NOTICE OF AMENDED 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 2008-11-21. 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.

ED PHYSICIAN'S LIEN	For Courts Use Only	
homa; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien at due to Physician for services relating to injuries sustained by at occured on 2008-11-21. This lien eal property owned by Patient, but following parties on notice that this covery or sum had or collected or to heirs, personal representatives, or edy for said accident is made by or court award.		
X Attached bill is <b>not</b> final lien. An a	mended lien to follow.	
☐ Attached bill is the final lien.		
X This lien ammends lien no. L20090	00553, because: Amending Amount	
Patient's Insurer:	Policy or Claim no.:	
None	Policy or Claim no.: Adjuster:	
None ,	Adjuster:	
None , Defendant's Insurer:	Adjuster: Policy or Claim no.:	
None ,  Defendant's Insurer: State Farm Ins. Co.	Adjuster:  Policy or Claim no.: 36A593161	
None ,  Defendant's Insurer: State Farm Ins. Co. PO Box 22101	Adjuster: Policy or Claim no.:	
None ,  Defendant's Insurer: State Farm Ins. Co.	Adjuster:  Policy or Claim no.: 36A593161	
None ,  Defendant's Insurer: State Farm Ins. Co. PO Box 22101 Tulsa, OK 74121-2101	Adjuster:  Policy or Claim no.: 36A593161	
None  ,  Defendant's Insurer: State Farm Ins. Co. PO Box 22101 Tulsa, OK 74121-2101  Other Party's Insurer: None	Adjuster:  Policy or Claim no.:  36A593161  Adjuster:	

,	PO Box 22101 Tulsa, OK 74121-2101	Adjuster:
_	Other Party's Insurer: None	Policy or Claim no.:
	Tone	Adjuster:
,	,	
Patients Attorney (If Known	unknown	
	,	
	_	

Physician: Thomas E. Ca

Lien Amount \$2465.0

Patient:

Marvin Vaughn

Defendant: Ronald Pohlan

6566 E 21st Pl #139 Tulsa, Ok 74129

Make Checks Payable To: Cate Chiropractic Center

2828 E 51s Address: Tulsa, O

Tax ID Number: 73-1443096 Telephone Number: (918) 747-2225

State of Oklahoma) County of Tulsa)

Before me, a Notary Pu

Physician Signature:

County and State, personally appeared the above Physician, Known to be the same and identical person gned of his own free act and accord and for the person and purposes therein set forth. In witness thereof, I have affixed my hand and official seal on this day of 14.

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

Notary Public