## 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 2008-09-15. 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					

tlement, comp	promise, judgemen	nt or court awar	d.		
		Attached b	oill is <b>not</b> final lien. A	n amended lien to follow.	
Lien Amoun	ıt \$4345.0	X Attached bill is the final lien.			
		☐ This lien a	mmends lien no., beca	iuse:	
r <del></del>					
Patient:		Patient's Ins	surer:	Policy or Claim no.:	
Connie Blay	Connie Blaylock				
4105 S. Birmingham PL				Adjuster:	
Tulsa, OK 7	4105	,			
Defendant:		Defendant's	Tuesta	D-II	
	in a			Policy or Claim no.:	
Jimmi Fielding		State Farm In		36A582688 / 1120811A1336	
		PO Box 2210		Adjuster:	
,		Tulsa, OK 74	4121-2101		
Other Responsible Party:		Other Party	's Insurer:	Policy or Claim no.:	
•		None			
				Adjuster:	
,		,			
Patients Att	torney (If Known	)• un	known		
I dilents /Itt	orney (II ithown	uii	KIIOWII		
		,			
Physician:	Peace		Make Checks Paval	ole To: Peace Chiropractic Clinic	
Address:	3150 E. 41st Sui	ite 113	Tax ID Number:	200585074	
	Tulsa OK 74105		Telephone Number		

State of Oklahoma )
County of Tulsa)
ss.

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 and day of 3, 2009

Physician Signature:

My commission no. 09001192 expires on 2013-02-03

Manne Blecks Notary Public

LADONNA BROOKS NOTARY PUBLIC STATE OF OKLAHOMA