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 2009-01-17. 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 Co	ourts Use (Only	

ement, compr	omise, judgemer	t or court award.			
Lien Amount \$2690.0		[X] Attached bill is not final lien. An amended lien to follow.			
		☐ Attached bill is the final lien.			
		☐ This lien ammends lien no., because:			
Patient:	<u> </u>	Patient's Insurer:	Policy or Claim no.:		
Emma Boaz 3362 S. 121st. E. Ave. Tulsa, Ok 74146		Allstate Insurance PO Box 26887 Okla. City, OK 73126	Adjuster:		
Defendant: Jonathon Sharp		Defendant's Insurer: Liberty Mutual PO Box 168368 Irving, TX 75016	Policy or Claim no.: 010462478-002 Adjuster:		
Other Responsible Party:		Other Party's Insurer:	Policy or Claim no.:		
		None	Adjuster:		
,		,			
Patients Att	orney (If Know	n): unknown			
		,			
Physician: Address:	Peace 3150 E. 41st S Tulsa, OK 741	uite 113 Tax ID Numbe			

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 day of the uses are purposed 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 day of the uses are proposed to be the same and identical person, signed of his own free act and accord and for the uses and purposes therein set forth.

Physician Signature:

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

State of Oklahoma) County of Tulsa)

Sa Onne Baons Notary Public

