NOTICE OF AMENDED PHYSICIAN'S LIEN

NOTICE OF AMEN	DED I II I SICIAN S LIEN	For Courts Use Only
46, please enter this lien on the cket. This lien concerns amondered to below named patient arising from an accident anot being asserted against any her Physician hereby places the nis being asserted against any collected by said patient, the	clahoma; pursuant to Okla. Stat. time Mechanics and Materialman's punts due to Physician for servent relating to injuries sustained that occured on 2008-06-11. This real property owned by Patient, e following parties on notice that recovery or sum had or collected our heirs, personal representatives amedy for said accident is made not or court award.	lien ices by lien but this or to , or
	X Attached bill is not final lier	a. An amended lien to follow.
Lien Amount \$3915.0	Attached bill is the final lien	
	This lien ammends lien no. I	22008014221, because: Amending Amount
Patient:	Patient's Insurer:	Policy or Claim no.:
Lisa Wells	State Farm Ins. Co.	•
915 N Ross st		Adjuster:
Sapulpa, OK 74066	,	
Defendant:	Defendant's Insurer:	Policy or Claim no.:
	State Farm Ins. Co.	#36A568-717
	PO Box 22101	Adjuster:
,	Tulsa, OK 74121-2101	Team 7
Other Responsible Party:	Other Devices I. V	
Other Responsible Party:	Other Party's Insurer: None	Policy or Claim no.:
	None	Adjuster:
,	,	
Patients Attorney (If Known	unknown	
	,	
Physician: Thomas E. Cate Address: 2828 E 51st St Tulsa, OK 41 State of Oklahoma)	Tax ID Number Telephone Num #06007044 Physician Signa	ober: (918) 747-2225
County of Tulsa) Before me, a Notary Public	ULSA COUNTY EXP. 07/17/10	ersonally appeared the above Physician, Know

to be the same and identical personal for the user and purposes therein set forth. In witness thereof, I have affixed my hand and official seal on this lay of 1, 2

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

Notary Public