## 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 2007-06-04. 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.

ahoma; pursuant to Okla. Stat. tit. 42	For Courts Use Only	
Mechanics and Materialman's lien and the to Physician for services to relating to injuries sustained by at occured on 2007-06-04. This lien real property owned by Patient, but following parties on notice that this acovery or sum had or collected or to theirs, personal representatives, or needy for said accident is made by the court award.		
Attached bill is <b>not</b> final lien. An an	nended lien to follow.	
Attached bill is the final lien.		
☐ This lien ammends lien no. , because	:	
Patient's Insurer: P	olicy or Claim no.:	
, ,	djuster:	
	olicy or Claim no.:	
	700220065-2	
6145 E. 21st. St. A Tulsa, Ok 74114	djuster:	
Other Party's Insurer: Po	olicy or Claim no.:	
<b>A</b>	djuster:	
: unknown		
,		
e 113 Tax ID Number:	Γο: Peace Chiropractic Clinic 200585074	
Telephone Number: Physician Signature:	(918) 747-2717	
and for said County and State, personally son, signed of his own free act and accor reof, I have affixed my hand and official	d and for the uses and purposes	

Robert Johonson  All American Insurance 6145 E. 21st. St. Tulsa, Ok 74114  Other Responsible Party: None  Adjuster:  Patients Attorney (If Known):  Physician: Peace Address: 3150 E. 41st Suite 113 Tax ID Number: Tulsa, OK 74105  Tulsa, OK 74105  State of Oklahoma ) County of Tulsa)  All American Insurance 700220065-2 Adjuster:  Policy or Claim no.: Adjuster:  Policy or Claim no.:  Policy or Claim no.:  Adjuster:  Adjuster:  Yhysician Signature:  Tax ID Number: Physician Signature:	Lien Amoun	t \$2380.0	Attached bill is the final lien.			
Tyler Thulin  None  Adjuster:  ,  Defendant: Robert Johonson All American Insurance 6145 E. 21st. St. Tulsa, Ok 74114  Other Responsible Party: None Adjuster:  Policy or Claim no.: 700220065-2 Adjuster:  Tulsa, Ok 74114  Other Responsible Party: None Adjuster:  ,  Patients Attorney (If Known): unknown  Physician: Tax ID Number: 200585074 Tulsa, OK 74105 Telephone Number: (918) 747-2717 Physician Signature: State of Oklahoma County of Tulsa)  Ss.  Before me, a Notary Public, in and for said County and State, personally appeared the above Physician.			☐ This lien ammends lien no., because:			
Defendant: Robert Johonson All American Insurance 6145 E. 21st. St. Tulsa, Ok 74114  Other Responsible Party: None Adjuster:  Policy or Claim no.: 700220065-2 Adjuster:  Tulsa, Ok 74114  Other Responsible Party: None Adjuster:  Policy or Claim no.: None Adjuster:  Adjuster:  Adjuster:  Patients Attorney (If Known): unknown  Physician: Peace Address: 3150 E. 41st Suite 113 Tax ID Number: 200585074 Tulsa, OK 74105 Telephone Number: (918) 747-2717 Physician Signature: State of Oklahoma) County of Tulsa)  Ss.  Before me, a Notary Public, in and for said County and State, personally appeared the above Physician				Policy or Claim no.:		
Defendant:  Robert Johonson  All American Insurance 700220065-2 6145 E. 21st. St. Tulsa, Ok 74114   Other Responsible Party: None  Adjuster:  None  Adjuster:  Policy or Claim no.:  Adjuster:  Adjuster:  Adjuster:  Policy or Claim no.:  None  Adjuster:  Adjuster:  Adjuster:  Adjuster:  Adjuster:  Patients Attorney (If Known):  unknown  Physician: Peace  Address: 3150 E. 41st Suite 113 Tax ID Number: 200585074 Tulsa, OK 74105 Telephone Number: (918) 747-2717 Physician Signature:  State of Oklahoma ) County of Tulsa)  Before me, a Notary Public, in and for said County and State, personally appeared the above Physician	,			Adjuster:		
Robert Johonson  All American Insurance 6145 E. 21st. St. Tulsa, Ok 74114  Other Responsible Party: Other Party's Insurer: None Adjuster:  Patients Attorney (If Known):  unknown  Adjuster:  Adjuster			Defendant's Insurer:	Policy or Claim no.:		
Other Responsible Party:  None  Adjuster:  Adjuster:  Adjuster:  Patients Attorney (If Known):  Unknown  Make Checks Payable To: Peace Chiropractic Clin Tax ID Number:  Tulsa, OK 74105  State of Oklahoma )  County of Tulsa)  Before me, a Notary Public, in and for said County and State, personally appeared the above Physician	Robert Johor	nson	6145 E. 21st. St.	700220065-2		
Patients Attorney (If Known):  Physician: Peace Address: 3150 E. 41st Suite 113 Tulsa, OK 74105 State of Oklahoma ) County of Tulsa)  Make Checks Payable To: Peace Chiropractic Clin Tax ID Number: 200585074 Telephone Number: (918) 747-2717 Physician Signature:  State of Oklahoma ) County of Tulsa)  Before me, a Notary Public, in and for said County and State, personally appeared the above Physician	Other Responsible Party:		Other Party's Insurer:	Policy or Claim no.:		
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State of Oklahoma)  County of Tulsa)  Ss.  Before me, a Notary Public, in and for said County and State, personally appeared the above Physicis		3150 E. 41st Sui	te 113 Tax ID Number Telephone Num	r: 200585074 mber: (918) 747-2717		
		, co	Physician Signa	ature:		
therein set forth. In witness thereof, I have affixed my hand and official seal on this day of	to be the sam	e and identical pe	erson, signed of his own free act ar	and accord and for the uses and purposes		
My commission no. 09001192 expires on 2013-02-03Notar	My commiss	ion no. 09001192	expires on 2013-02-03	Notary Public		