NOTICE OF AMENDED PHYSICIAN'S LIEN

To the County Clerk of Tulsa, Oklaho § 46, please enter this lien on the M docket. This lien concerns amounts rendered to below named patient re patient arising from an accident that is not being asserted against any rea rather Physician hereby places the fo lien is being asserted against any reco be collected by said patient, their he their estate, whether Patient's remed settlement, compromise, judgement or

	For Courts Use Only
thoma; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien and the state of the physician for services a relating to injuries sustained by at occured on 2008-11-09. This lien real 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 not final lien. An	amended lien to follow.
☐ Attached bill is the final lien.	
☐ This lien ammends lien no. L2008016565, because: Amending Amount	
Patient's Insurer:	Policy or Claim no.:
None	
	Adjuster:
,	
Defendant's Insurer:	Policy or Claim no.:
AAA	#373617
PO Box 5824	Adjuster:
I CA 02616 5024	Ray Hart
Irvine, CA 92616-5824	Tray Trait
	Policy or Claim no.:
Other Party's Insurer:	
Other Party's Insurer:	Policy or Claim no.:
Other Party's Insurer: None	Policy or Claim no.:
Other Party's Insurer:	Policy or Claim no.:
Other Party's Insurer: None , unknown , Make Checks Payable	Policy or Claim no.: Adjuster: e To: Cate Chiropractic Center
Other Party's Insurer: None , unknown , Make Checks Payable Tax ID Number:	Policy or Claim no.: Adjuster: e To: Cate Chiropractic Center 73-1443096
Other Party's Insurer: None , unknown , Make Checks Payable Tax ID Number: Telephone Number:	Policy or Claim no.: Adjuster: e To: Cate Chiropractic Center
Other Party's Insurer: None , unknown , Make Checks Payable Tax ID Number:	Policy or Claim no.: Adjuster: e To: Cate Chiropractic Center 73-1443096

Physician: Address:

Lien Amount \$2535.0

Sand Springs, Ok 74063

Other Responsible Party:

Patients Attorney (If Known):

Patient: Deborah Lee

1219 E 7th St

Defendant: William Lish

Thomas E. C.

State of Oklahoma) County of Tulsa)

2828 E 5 Tulsa, C

Before me, a Notary Pul county and State, personally appeared the above Physician, Known to be the same and identical person and of his own free act and accord and for the pres and purposes therein set forth. In witness thereof, I have affixed my hand and official sea on this day of ______, 2

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

Notary Public