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 2010-04-29. 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 | | | |
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| n is being asserted against any re collected by said patient, their | following parties on notice that this covery or sum had or collected or to heirs, personal representatives, on hedy for said accident is made by tor court award. | o r | |
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| | X Attached bill is not final lien. A | An amended lien to follow. | |
| Lien Amount \$3290.0 | Attached bill is the final lien. | | |
| | ☐ This lien ammends lien no., bed | cause: | |
| Patient: Sandra Strain | Patient's Insurer: None | Policy or Claim no.: | |
| 1113 N Birch Sapulpa, Ok 74066 | 2 | Adjuster: | |
| Defendant: | Defendant's Insurer: | Policy or Claim no.: | |
| Debra Martin | Universal Casualty co | 55CAOK10003486 | |
| | 150 Northwest Point blvd | Adjuster: | |
| , | Elk Gove Villag, IL 60007 | Carol | |
| Other Responsible Party: | Other Party's Insurer: None | Policy or Claim no.: | |
| , | , | Adjuster: | |
| Patients Attorney (If Known) | : Chris Knight 5801 E 41st ste 800 Tulsa, Ok 74136 | | |
| Physician: Thomas E. Cate, Address: 2828 E 51st Sec Tulsa, OK 74705 | Tax ID Number: PUBLIC Velephone Numbe | · · · · · · · · · · · · · · · · · · · | |
| State of Oklahoma) County of Tulsa) #0 | 6007044 P. 07/17/2014 | <u> </u> | |
| Before me, a Notary Public to be the same and identical per therein set forth. In witness the | and for suppounty and State, person State, person of his own free act and preof, I have affixed my hand and of | onally appeared the above Physician, Knowr accord and for the uses and pumposes fficial spal on this day of 20/0 | |
| My commission no. 06007044 | expires on 2010-07-17 | Notary Public | |