NOTICE OF AMENDED 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 2009-02-19. 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.

D PHYSICIAN'S LIEN	
	For Courts Use Only
homa; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien at due to Physician for services relating to injuries sustained by at occured on 2009-02-19. This lient eal 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. A	an amended lien to follow.
☐ Attached bill is the final lien.	
This lien ammends lien no., bec	cause: Amending Amount L2009 00264
Patient's Insurer:	Policy or Claim no.:
None	Adjuster:
Defendant's Insurer:	Policy or Claim no.:
Allstate Insurance	#2586565737
PO Box 26887	Adjuster:
Okla. City, OK 73126	•
Other Party's Insurer:	Policy or Claim no.:
State Farm Ins. Co.	36A559415
PO Box 22101	Adjuster:
Tulsa, OK 74121-2101	
: unknown	

Kevin & Caleb Howell	State Farm Ins. Co.	36A559415	
	PO Box 22101	Adjuster:	
,	Tulsa, OK 74121-2101		
Patients Attorney (If Know	wn): unknown		

Physician: Thomas E. Cate, DC

Other Responsible Party:

Make Checks Payable To: Cate Chiropractic Center

Address: 2828 E 51 Tax ID Number: 73-1443096 **Telephone Number:**

Tulsa.

(918) 747-2225

State of Oklahoma County of Tulsa)

Lien Amount \$2795.0

Patient:

Carman Howell

Defendant:

Amanda Craig

3400 W Atlanta Ct Tulsa, OK 74012

Physician Signature:

Before me, a Notary dd County and State, personally appeared the above Physician, Known to be the same and identification and purposes and purposes of, I have affixed my hand and official seal on this the day of May, 2001 therein set forth. In witness

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

Notary Public