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 2008-12-18. 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.

Lien Amount \$1285.0

Jonathan Robinson

Patient:

ISICIAN S LIEN	For Courts Use Only	
homa; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien at the due to Physician for services relating to injuries sustained by at occured on 2008-12-18. This lien 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. An	amended lien to follow.	
☐ Attached bill is the final lien.		
☐ This lien ammends lien no., becau	sse:	
Patient's Insurer:	Policy or Claim no.:	
None		
	Adjuster:	
,		
Defendant's Insurer:	Policy or Claim no.:	
Progressive	83545972	
7666 E 61st ste 300	Adjuster:	
Tulsa, Ok 74133	Patrick Wallace	
Other Party's Insurer:	Policy or Claim no.:	
None	Toney of Claim no.:	
110110	Adjuster:	
,		

(918) 747-2225

ounty and State, personally appeared the above Physician, Known

260 E 45th Pl		Adjuster:
Tulsa, Ok 74105	,	
Defendant:	Defendant's Insurer:	Policy or Claim no.:
Chris Alden	Progressive	083545972
	7666 E 61st ste 300	Adjuster:
,	Tulsa, Ok 74133	Patrick Wallace
Other Responsible Party:	Other Party's Insurer:	Policy or Claim no.:
	TOTIC	Adjuster:
,	,	
Patients Attorney (If Know	n): unknown	
Physician: Thomas E. Cate		Payable To: Cate Chiropractic Center
Address: 2828 E 51st Str	ce_Sinte 103 Tax ID Numbe	r: 73-1443096

Telephone Number:

Physician Signature:

the of his own free act and accord and for the user and purposes have affixed my hand and official seal on this day of his to be the same and identic therein set forth. In witness

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

Tulsa, OI

State of Oklahoma) County of Tulsa)

Before me, a Notary P

Notary Public