NOTICE OF PHYSICIAN'S LIEN

It is, please enter this lien on the cket. This lien concerns amounted to below named patient arising from an accident the choice of the choic	lahoma; pursuant to Okla. Stat. tit. 42 e Mechanics and Materialman's lien unts due to Physician for services nt relating to injuries sustained by hat occured on 2009-04-24. This lier real property owned by Patient, but the following parties on notice that this recovery or sum had or collected or to ir heirs, personal representatives, or medy for said accident is made by nt or court award.	
	X Attached bill is not final lien. A	An amended lien to follow.
Lien Amount \$330.0	☐ Attached bill is the final lien.	
	☐ This lien ammends lien no., bec	cause:
Patient:	Dodionala I.	
Deborah Hawkins	Patient's Insurer: None	Policy or Claim no.:
1450 N Frankfort pl	Tone	Adjuster:
Tulsa, Ok 74106	,	Š
Defendant:	Defendant's Insurer:	Policy or Claim no.:
	Travelers	A4F0519
	Po Box 650293	Adjuster:
,	Dallas, TX 75265	Claudia
Other Responsible Party:	Other Party's Insurer:	Policy or Claim no.:
	None	
		Adjuster:
,	,	
Patients Attorney (If Known	unknown	
Physicians Thomas T. Cata	DC MARCHAR	
Physician: Thomas E. Cate Address: 2828 E 51st Str		able To: Cate Chiropractic Center
Address: 2828 E 51st Str Tulsa, OX	Tax ID Number: Telephone Number	73-1443096
		, , , , , , , , , , , , , , , , , , , ,
/ I altilled	Physician Signatur A COUNTY	" (<u>(</u>)
County of Tulsa)	07/17/10//	
Before me. a Notary Public		nally anndered the above Physician Vnov

to be the same and identical Gerson. Signed of his own free act and accord and for the uses and purposes therein set forth. In witness thereof, I have affixed my hand and official seal on this day of 40.

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

For Courts Use Only