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 2009-07-14. 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.

State of Oklahoma) County of Tulsa)

Before me, a Notary Po

to be the same and identical proposition

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

Mechanics and Materialman's lien and to Physician for services relating to injuries sustained by at occured on 2009-07-14. 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 redy for said accident is made by to 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., because:			
Patient's Insurer:	Policy or Claim no.:		
Progressive	#093125874		
6500 Bowden Rd ste 201	Adjuster:		
Jacksonville, FL 32216	Lisa Ashworth		
Defendant's Insurer:	Policy or Claim no.:		
State Farm Ins. Co.	#36A629336		
PO Box 22101	Adjuster:		
Tulsa, OK 74121-2101	Team 4		
Other Party's Insurer:	Policy or Claim no.:		
None ,	Adjuster:		
unknown			
,			
Make Checks Payabl Tax ID Number: Telephone Number: Physician Signature:	e To: Cate Chiropractic Center 73-1443096 (918) 747-2225		

County and State, personally appeared the above Physician, Known

med of his own free act and accord and for the uses and purposes

For Courts Use Only

☐ Attached bill is the final lien.		
☐ This lien ar	mmends lien no., becar	ise:
Patient's Ins	urer:	Policy or Claim no.:
		#093125874
-	n Rd ste 201	Adjuster:
		Lisa Ashworth
Defendant's	Insurer:	Policy or Claim no.:
State Farm In	ıs. Co.	#36A629336
		Adjuster:
		Team 4
•	's Insurer:	Policy or Claim no.:
None		Adjuster:
,		
): un	known	
,		
DC	Make Checks Pavah	le To: Cate Chiropractic Center
		73-1443096
	Patient's Ins Progressive 6500 Bowder Jacksonville, Defendant's State Farm In PO Box 2210 Tulsa, OK 74 Other Party None , DC	Patient's Insurer: Progressive 6500 Bowden Rd ste 201 Jacksonville, FL 32216 Defendant's Insurer: State Farm Ins. Co. PO Box 22101 Tulsa, OK 74121-2101 Other Party's Insurer: None , unknown , Make Checks Payab

therein set forth. In witness thereof, I have affixed my hand and official seal on this