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 2008-09-01. 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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Attached bill is not final lien. An amended lien to follow. Attached bill is the final lien. This lien ammends lien no., because: Patient: Milton Numley 2405 E. 55th Pl. #20 PO Box 268994 Tulsa, Ok 74105 Defendant: Defendant's Insurer: None Adjuster: None Adjuster: Other Responsible Party: None Adjuster: None Adjuster: Policy or Claim no.: Adjuster: Jennifer Jeter Policy or Claim no.: Adjuster: Policy or Claim no.: Adjuster: Policy or Claim no.: None Adjuster: Adjuster: Adjuster: Adjuster: Make Checks Payable To: Peace Chiropractic Clin Tax ID Number: 200585074 Tulsa, OK 74105 Tulsa, OK 74105 Telephone Number: Physician Signature: State of Oklahoma County of Tulsa)	ement, compromise	e, judgement or court av	ward.		
□ This lien ammends lien no. , because: □ Tulsa, Ok 74105 □ Po Box 268994 □ Adjuster: □ Jennifer Jeter □ Defendant: □ None □ Adjuster: □ Other Responsible Party: □ Other Party's Insurer: □ None □ Adjuster: □ Other Party's Insurer: □ Policy or Claim no.: □ Adjuster: □ None □ Adjuster: □ Policy or Claim no.: □ Adjuster: □ Tax ID Number: □ Peace Chiropractic Clin Tax ID Number: □ Physician: Peace Number: □ Physician Signature: □ Tax ID Number: □ Policy or Claim no.: □ Tax ID Number: □ Policy or Claim no.: □ To Peace Chiropractic Clin Tax ID Number: □ Physician Signature: □ Tax ID Number: □ Policy or Claim no.: □ Tax ID Number: □ Policy or Claim no.: □ Tax ID Number: □ Policy or Claim no.: □ Tax ID Number: □ Policy or Claim no.: □ Tax ID Number: □ Policy or Claim no.: □ Tax ID Number: □ Policy or Claim no.: □ Tax ID Number: □ Policy or Claim no.: □ Tax ID Number: □ Policy or Claim no.: □ Tax ID Number: □ Policy or Claim no.: □ Tax ID Number: □ Policy or Claim no.: □ Policy or Claim no.: □ Tax ID Number: □ Policy or Claim no.: □ Policy or C		X Attache	ed bill is not final lien.	An amended lien to follow.	
Patient: Milton Nunley Farmers Insurance Group 2405 E. 55th Pl. #20 PO Box 268994 Okla. City, OK 73126-8994 Defendant: Defendant's Insurer: None Adjuster: None Adjuster: Other Responsible Party: Other Party's Insurer: None Adjuster: None Adjuster: Policy or Claim no.: Adjuster: Adjuster: , Policy or Claim no.: None Adjuster: None Adjuster: Adjuster: Tulsa, Ok 74105 Make Checks Payable To: Peace Chiropractic Cling Address: 3150 E. 41st Suite 113 Tax ID Number: Physician Signature: State of Oklahoma	ien Amount \$502	5.0 Attache	Attached bill is the final lien.		
Milton Nunley 2405 E. 55th Pl. #20 Tulsa, Ok 74105 Po Box 268994 Defendant: Defendant: None Adjuster: None Adjuster: Policy or Claim no.: None Adjuster: None Adjuster: Policy or Claim no.: None Adjuster: None Adjuster: None Adjuster: Adjuster: None Adjuster: Tax ID Number: 200585074 Tulsa, OK 74105 Tulsa, OK 74105 State of Oklahoma) SS Pramers Insurance Group 1012753980-1-4/0801753406 Adjuster: Policy or Claim no.: Adjuster: Policy or Claim no.: Adjuster: Tax ID Number: 200585074 Telephone Number: Physician Signature:		☐ This lie	en ammends lien no., be	ecause:	
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Tulsa, Ok 74105 Okla. City, OK 73126-8994 Defendant: Defendant's Insurer: None Adjuster: Other Responsible Party: Other Party's Insurer: None Adjuster: Adjuster: Policy or Claim no.: Adjuster: unknown Patients Attorney (If Known): unknown Physician: Peace Address: 3150 E. 41st Suite 113 Tulsa, OK 74105 Tax ID Number: Physician Signature: State of Oklahoma SS				•	
Defendant: None None Adjuster: , Other Responsible Party: None None Adjuster: None Adjuster: , Patients Attorney (If Known): unknown , Physician: Peace Address: 3150 E. 41st Suite 113 Tax ID Number: Tulsa, OK 74105 Telephone Number: (918) 747-2717 Physician Signature: State of Oklahoma)		.0		Jennifer Jeter	
None Adjuster: Other Responsible Party: None Other Party's Insurer: None Adjuster: None Adjuster: Patients Attorney (If Known): unknown Physician: Peace Address: 3150 E. 41st Suite 113 Tulsa, OK 74105 Telephone Number: Physician Signature: State of Oklahoma)		Defenda	nt's Insurer:	Policy or Claim no.:	
Other Responsible Party: Other Party's Insurer: Policy or Claim no.: None Adjuster: Patients Attorney (If Known): unknown Physician: Peace Address: 3150 E. 41st Suite 113 Tulsa, OK 74105 Telephone Number: (918) 747-2717 Physician Signature: State of Oklahoma)		None		Adjuster:	
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Patients Attorney (If Known): Physician: Peace Address: 3150 E. 41st Suite 113 Tulsa, OK 74105 State of Oklahoma) None Adjuster: unknown Make Checks Payable To: Peace Chiropractic Clin Tax ID Number: 200585074 Telephone Number: (918) 747-2717 Physician Signature:	Other Responsibl	e Party: Other Pa	arty's Insurer:	Policy or Claim no.:	
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22			Physician Signat	ture:	
County of Tuisa)		a) ss.		11/	
County of Turney	County of Tulsa)			,	

Before me, a Notary Public, in and for said County and State, personally appeared the above Physician, Known to be the same and identical person, 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 \(\sqrt{\textsuper}\) day of \(\frac{3}{2}\), 20 \(\frac{9}{2}\)

My commission no. 09001192 expires on 2013-02-03

