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 2009-01-26. 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 \$1270.0

State of Oklahoma) County of Tulsa)

Before me, a Notary Public.

to be the same and identical person,

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

shoma; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien into due to Physician for services relating to injuries sustained by at occured on 2009-01-26. 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., becau	ise:	
Patient's Insurer: None	Policy or Claim no.: Adjuster:	
Defendant's Insurer:		
Liberty Mutual	Policy or Claim no.: #10518617-02	
8130-C South Lewis	Adjuster:	
Tulsa, Ok 74137	Jamie Flewelling	
Other Party's Insurer:	Policy or Claim no.:	
USAA (medpay)	#4510803	
PO Box 5000		
Daphne, AL 35626	Princess Wright	
unknown		
Make Checks Payabl Tax ID Number: Telephone Number: hysician Signature:	le To: Cate Chiropractic Center 73-1443096 (918) 747-2225	

ounty and State, personally appeared the above Physician, Known

Notary Public

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

For Courts Use Only

Patient:	Patient's Insurer:	Policy or Claim no.:
Michael Wilson	None	•
5651 S 85th e ave		Adjuster:
Tulsa, Ok 74145	,	
Defendant:	Defendant's Insurer:	Policy or Claim no.:
Bryan Anderson	Liberty Mutual	#10518617-02
	8130-C South Lewis	Adjuster:
,	Tulsa, Ok 74137	Jamie Flewelling
Other Responsible Party:	Other Party's Insurer:	Policy or Claim no.:
Kim Fox	USAA (medpay)	#4510803
	PO Box 5000	Adjuster:
,	Daphne, AL 35626	Princess Wright
Patients Attorney (If Know	n): unknown	
Physician: Thomas E. Cate	e, DC Make Checks I	Payable To: Cate Chiropractic Center
Address: 2828 E 51st Stf	cet, Tax ID Numbe	
Tulsa, OK 7/4 N	Telephone Nun	
Tulsa, OK 741	#06007044 Telephone Num	•

therein set forth. In witness thereof, I have affixed my hand and official seal on this Widay of Leb, 20 69