NOTICE OF AMENDED PHYSICIAN'S LIEN

To tl 42 § docl rend patie is n rath lien be their sett

My commission no. 07006310 expires on 2011-07-02

§ 46, please enter this lien on taket. This lien concerns amodered to below named patient arising from an accident that being asserted against any her Physician hereby places the is being asserted against any collected by said patient, the	Oklahoma; pursuant to Okla. Stat. the Mechanics and Materialman's lie bunts due to Physician for service not relating to injuries sustained be hat occured on 2010-01-29. This lie real property owned by Patient, be following parties on notice that the recovery or sum had or collected or ir heirs, personal representatives, of medy for said accident is made be not or court award.	en es en
	☐ Attached bill is not final lien.	An amended lien to follow.
Lien Amount \$2510.0	X Attached bill is the final lien. ■ The state of the	
	X This lien ammends lien no. 20	10002036, because: Amending Amount
Patient:	Patient's Insurer:	Policy or Claim no.:
MICHAEL CAIN 25916 LARIAT CIRCLE BROKEN ARROW, OK 740	None	Adjuster:
Defendant:	Defendant's Insurer:	Policy or Claim no.:
BRENT BROWN	Farmers Insurance Group	1015422988-1-6
7829 S YALE #B	PO Box 268994	Adjuster:
TULSA, OK 74136	Okla. City, OK 73126-8994	JEFFERY YOST
Other Responsible Party:	Other Party's Insurer:	Policy or Claim no.:
,	None ,	Adjuster:
Patients Attorney (If Known	unknown	
Physician: DR TRAVIS ST Address: 10390 E 21ST TULSA, OK 74	Tax ID Number: Telephone Numb	
State of Oklahoma) County of ROGERS) ss.	Physician Signatu	ire:
to be the same and identical p		sonally appeared the above Physician, Known accord and for the uses and purposes official seal on this day of, 20

For Courts Use Only

_____ Notary Public