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 2009-03-22. 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 \$440.0

Address:

State of Oklahoma County of Tulsa)

Before me, a Notary

Tulsa, O

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

| LIEN | For Courts Use Only |
|--|---|
| Materialman's lien visician for services juries sustained by 009-03-22. This lien vined by Patient, but es on notice that this had or collected or to representatives, or ecident is made by | |
| l is not final lien. An an | nended lien to follow. |
| l is the final lien. | |
| mends lien no., because | : |
| rer: P | olicy or Claim no.: |
| A | djuster: |
| nsurer: P | olicy or Claim no.: |
| | 010340 |
| 3. | djuster: like Ryan |
| 60522 N | inc Ryan |
| Insurer: P | olicy or Claim no.: |
| A | djuster: |
| nown | |
| Tax ID Number: Telephone Number: | Fo: Cate Chiropractic Center 73-1443096 (918) 747-2225 |
| Physician Signature: | Q |

| Patient: | Patient's Insurer: | Policy or Claim no.: |
|-----------------------------|--------------------------------|----------------------|
| Ashley Hutchins | None | · |
| 1820 N Lewis Pl | | Adjuster: |
| Tulsa, Ok 74110 | , | |
| Defendant: | Defendant's Insurer: | Policy or Claim no.: |
| Joshua Walter | UAI | 2010340 |
| | PO Box 3099 | Adjuster: |
| , | Oakbrook, IL 60522 | Mike Ryan |
| Other Responsible Party: | Other Party's Insurer: None | Policy or Claim no.: |
| | | Adjuster: |
| , | , | |
| Patients Attorney (If Known | unknown | |
| | | |

to be the same and identican 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 day of 1911, 2004

d County and State, personally appeared the above Physician, Known

Notary Public

X Attached bill is **not** final lien. An

Attached bill is the final lien.