42100 5157 State Accident Insurance Fund NOTICE OF LIEN Claimant, CLAIM Filed Pursuant EPRING LAKE LUMBER COMPANY, an Orogon corporation to ORS 656. 564 In the County of <u>ડઃ</u> Klamath Notice is hereby given that the State Accident Insurance Fund of Oregon claims a lien on the following described property: 1 - Gerlinger Fork Lift: 1 - Clark Fork Lift, S/N CY40B-68-981: for the following amount due the Industrial Accident Fund on account of the employment of workmen by the above-named Defendant during the period February 2, 19 70, through March 13, 19 70, in the occupation of Box Shook Mfa. Co. February 2, 19 70, through Box Shook Mfg. Co. _, 19 70 , in the occupation of Employer contributions Workman's contributions 1 60 102 90 Penalty 1.29 Interest 104.32 Less payments and other credits 90.00 Amount for which Lien is claimed 14.32 together with interest at the rate of one per cent per month from the 1st day of July , 19 70, on the sum of \$ 12.90

Written demand for the amount of employer and workmen's contributions then due for the above period was made on said defendant on May 26 , 19 70, and said State defendant failed to pay said amount within ten days after said written demand and was thereby in default and subject to the above penalty and interest. No portion of the amounts due during said period for employer or workmen's contributions, penalty or interest has been paid nor are there any credits against same except as indicated above. STATE ACCIDENT INSURANCE FUND SPRING LAKE LUMBER COMPANY SEAL STATE OF OREGON) County of Marion) ss. , being first duly sworn on oath depose and say that I am B. Rastorfor Notice is hereby given that on the following described Credit Manager of claimant Fund, and that I am familiar with the above Notice of Lien Claim, that I have authority to execute said Notice, and that the matters set forth therein are true. 1 - Gerlinger Pork Lift; Subscribed and sworn to before me 1 - Clark Pork Lift. S/N CY401 this 23rd day of June, 1970 for the following amount due of workmen by the above-name Notary Public for Oregon My Commission expires July Employer conf Form 565 7/69 Workman's con STATE OF OREGON; COUNTY OF KLAMATH; ss. Penalty Filed for record at request of State Compensation Dept. Interest Less payments Amount for which together with interest at the rat WM. D. MILNE, County Clerk
By House W Smullen Written demand for the amount of above period was made on said dore defendant failed to pay said amount thereby in default and subject to amounts due during said period for the interest has been paid nor are the

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