Vol. My Page 13366 :0505 State Accident Insurance Fund NOTICE OF LIEN Claimant. CLAIM Filed Pursuant vя to ORS 656. 566 THE BROILER RESTAURANT, ska BRADY'S BROILER, In the County of an Oregon corporation Klamath Defendant Notice is hereby given that the State Accident Insurance Fund of Oregon claims a lien on the following described property: All real and personal property of the defendant Particularly all cafe and restaurant equipment, machinery, fixtures of every description, tables, counters, chairs, stools, linen, silverware, chinaware, glasses, dishes, stoves, kitchen utensils and pots and pans of every description, carbonation cooling and dispensing equipment and mixmasters. for the following amount due the Industrial Accident Fund on account of the employment of workmen by the above-named Defendant during the period April 1 , 1972, through June 30 , 1972, in the occupation of Restaurant 714.40 Employer contributions 23.20 Workman's contributions 737.60 72.11 Penalty Interest 5 836.99 266.54 Less payments and other credits 三周 Amount for which Lien is claimed 570.45 Stogether with interest at the rate of one per cent per month from the 1st day of December , 19 72, on the sum of \$ 564.80

Written demand for the amount of employer and workmen's contributions then due for the above period was made on said defendant on September 1 , 19 72, and said above period was made on said defendant on September 1, 1972, and said effendant 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 FUND SEAL STATE OF OREGON County of Marion ) , being first duly sworn on oath depose and say that I am B. Rastorfer 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. My Commission expires July Form 565 7/60 STATE OF OREGON; COUNTY OF KLAMATH; ss. Filed for record at request of STATE ACCIDENT INS. FUND this 20th day of November A. D., 19 32 at 9:55 Vol. M 72 of MECHANIC'S LIENS on Page 13366 WM. D. MILNE, County Clerk FEE \$ 2.00