

STATE ACCIDENT INSURANCE FUND

88599

Claimant,

vs

MORRIS P. CASKEY, AKA MORRIS CASKEY, DBA B & B
RADIO & ELECTRIC, AKA B & B RADIO & ELECTRIC CO.

Defendant

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5668

NOTICE OF LIEN

CLAIM

Filed Pursuant

To ORS 656.564

In the County of

Klamath

Notice is hereby given that the State Accident Insurance Fund of Oregon claims a lien on the following described property:

- 1 - AB Dick copier, S/N 380153
- 1 - 1000P Unicom Calculator, S/N 159202;
- 1 - K08 Summit Calculator, S/N 131613;

for the following amount due the Industrial Accident Fund on account of the employment of workmen by the above-named defendant during the period October 1, 19 73, through December 31, 19 73, in the occupation of Electric Contractor,

Employer contributions	\$ 159.67
Workmen's contributions	28.32
	\$ 187.99
Penalty	18.80
Interest	7.52
	\$ 214.31
Less payments and other credits	- - -
Amount for which Lien is claimed	\$ 214.31

together with interest at the rate of one per cent per month from the 1st day of June, 19 74, on the sum of \$ 187.99.

Written demand for the amount of employer and workmen's contributions then due for the above period was made on said defendant on March 5, 19 74, and said 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.

(FUND)
(SEAL)
STATE OF OREGON) ss.
County of Marion)

STATE ACCIDENT INSURANCE FUND

By

I, B. Bastorfer, being first duly sworn on oath depose and say that I am 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.

(NOTARY)
(SEAL)

Subscribed and sworn to before me
this 6th day of May, 19 74

Loren A. Carstensen
Notary Public for Oregon
My Commission expires JUL 5 1975

Form 565

1/74

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of STATE ACCIDENT INSURANCE FUND

this 7th day of May A. D., 19 74 at 11:45 o'clock A.M., and duly recorded in

Vol. M 74, of MECHANIC'S LIENS on Page 5668

Rel. State Accident Ins. Fund
Salmon Line

FEE \$ 2.00

WM. D. MILNE, County Clerk

By

Deputy