2et-	STATE ACCIDENT INSURANCE FUND CORPORATION)	Vol. Maje 2899
	2078D	Claimant,)	NOTICE OF LIEN
		vs)	CLAIM Filed Pursuant
	C-2 Hydraulic Products, Inc.)	To ORS 656. 566 In the County of
		Defendant))	Klamath

Notice is hereby given that State Accident Insurance Fund Corporation of Oregon claims a lien on the following described property: All real and personal property of the defendant including: Summit Lathe 21" x 100" model #R130968

C-2 Hyd Honing Machine Model #H01023798

C-2 Jib Booms model #JB44373, JB44374 & JB44375

V60B Caterpillar Lift Truck, S/N 87M841 with 6,000 lb. capacity, Hydrostatic Transmission, LPG powared, 94" maximum fork height, 70.5 overall lowered height & 56" pallet forks for the following amount due State Accident Insurance Fund Corporation on account of the employment of workers by the above named defendant during the period <u>April 1</u>, 1982 through

he occupation of <u>Machine Shop</u>		·
Employer Contributions	\$	638.35
Workers' Contributions		45.79
	\$	684.14
Penalty		63.84
Interest		39.20
	\$	787.18
Less payments and other credits	_	59.47
Amount for which Lien is claimed	\$	727.71
	Employer Contributions Workers' Contributions Penalty Interest Less payments and other credits	Employer Contributions \$ Workers' Contributions \$ Penalty Interest \$ Less payments and other credits _

together with interest at the rate of one percent per month from the first day of <u>April</u>, 1983, on the sum of \$<u>639.35</u>. Written demand for the amount of employer and workers' contributions then due for the above period was made on said defendant on <u>December 7</u>, 1982, and said defendant failed to pay said amount within thirty 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 workers' contributions, penalty or interest has been paid nor are there any credits against same except as indicated above.

(Corp) (Seal) STATE OF OREGON ; County of Marion ; SS.

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STATE ACCIDENT INSURANCE FUND CORPORATION Βv

I, <u>H. N. Wipeland</u>, being first duly sworn on oath depose and say that I am Credit Manager of claimant State Accident Insurance Fund Corporation, 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.

Subscribed and sworn to before me this 23rd day of ______ February 1983

Notary Public for Oregon

votary Public for Oregon

My Commission expires _____

AUG 3 1 1986

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STATE OF OREGON: COUNTY OF KLAMATH :ss I hereby certify that the within instrument was received and filed for					
record on the 24 day of Feb.	A.D., 19_{83} at <u>1:45</u> o'clock <u>P</u> M,				
and duly recorded in Vol M83,	of <u>Mech Liehs</u> on page. 2899				
	EVELYN BIEHN COUNTY CLERK				
Fee \$	by my. Mulher Deputy				