32492	•	
STATE ACCIDENT INC.		
STATE ACCIDENT INSURA	NCE FUND CORPORATION	Vol. MSU Page -
	Claimant, )	245309,A
	)	NOTICE OF LIEN
Harold Buff p	vs	CLAIM
Harold Buff Runnels AKA Haro Buff Runnels - Logging	)	Filed Pursuant
	) (additional additional additionad additionad addition	To ORS 656.566 In the County of
	) Defendant )	the county of
Notice is hereby given that Stat	Defendant ) Re Accident Insurance Fund Corporatio All real and personal proper A Klamath County State	Klamath
the fall	Accident Insurance Fund Corporation	
$\sim$ the following situated in	All real and personal proper All Klamath County, State of Orego O, RIVERSIDE ADDITION to the	on of Oregon claims a lien on the rty of the defendant including
Klamath County.	h Klamath County, State of Orego LO, RIVERSIDE ADDITION, to the C	on:
county.	ADDITION, to the (	City of Klamath Fall
for the following amount due St		ion on account of the employment of 1 19_82_through
workers by the above named def <u>March 31</u> , 19 <u>83</u> , in	endant duri	ion -
19 <u>83</u> , in	the occupation of April	ion on account of the employment of
	endant during the period <u>April</u> the occupation of <u>Logging</u>	101 on account of the employment of 1
	Employer Contributions Workers' Contributions	\$ 6,051.89
S.A.		
ullen.	Penaity	\$ <u>83.60</u> (6,135.49
SAIF CORPORATION	Interest	549.72
400 HIGH STREET S.E. SALEM, OREGON 97312-1000		\$ <u>6,917.85</u>
01372-1000 -0014	Less payments and other credi	
	in other credi	ts638.28
together with inte	Amount for which Lien is clair	med \$6.270
on the sum of \$ 5 407 of the rate of		
due for the above 10,497.21	Vritten dem month from the first of	days of
to the about salu amount within the	November 10	blover and workers' contribution
contributions, penalty or interest.	No portion of the amount demand and	d was thereby in default and subject said period for employer or workers' gainst same except as indicated above.
and, of interest ha	s been paid nor are there any and ing	said period for amplause
( Corp ( ),		gainst same except as in it workers'
	STATE ACCIDENT INSI	URANCE FUND CORPORATION
County of Marion		CORPORATION
	By VI	1 11 . 1 1
H. N. Wineland		. Munk
of Lien Claimant State Accident I	, being first duly sworn on oath do-	
Manager of glaimant State Accident In of Lien Claim, that I have authority to	execute said Marchanian, and that I	am family that I am Credit
	hotice, and that the ma	atters set forth the above Notice
<u>.</u> .	/	the set for therein are true.
landa Artistana Artistana (Artistana)		
	M.	. Wind
	this <u>11</u> day of <u>Ja</u>	anuary, 1984
(Notary )		
(/ Seal	aller 1	
	Notary Public for Orego	- Aucharles
× 10/82	My Commission expires	AUG z 1 1987
		1007
STATE OF OPPOS		
STATE OF OREGON: COUNTY I hereby certify that the	OF KLAMATH	
record on the 12+h	he within instance	
and duly recorded in V	OF KLAMATH:ss he within instrument was r of_JanuaryA.D., 19 L_MS4, of_County Book of EVELYN BIEHN. (	<sup>occ</sup> eived and and
TOUL THE VO	$\underline{M84}, \underline{of}_{County}, \underline{P}_{O}, 12 \underline{o}$	34 at 2:13 filed for
		Lienson nago 701
Fee <u>\$ 4.00</u>	EVELYN BIEHN, C	
	by PAm emil	JUUKTY CLERK
	Dy I Am mil	4X.
		Deputy
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