		STATE ACCURATE ACCURATE				
		STATE ACCIDENT INSTRANCE FUND CORPORAT	ICN	Vol. Mglo	Page_ 8198	
		47312		249281	. alle 0138	
			Claimant,)	NOUTCE OF T	·	
) Vej)	NOFICE OF LIEN CLAIM		
		Joel A. Danforth	;	Filed Pursuant		
)	To ORS 656. 566 In the County of		
		Notice is hereby given that when	efendant)	Klamath		
		a lien on the following described	nt Insurance	Fund Company		
		Notice is hereby given that State Accident Insurance Fund Corporation of Oregon claims situated in Klamath County, State of Oregon. Including the following: Lots 10 and 11, Block 48, KLAMARY				
		FALLS FORFER TOTAL				
		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 April 1				
		employment of workers by the above named defendant during the period April 1 19 85 through May 24				
		·	in the occur	ing the period April 1	nt of the	
	211 IL	Employer one	••	ing the period April 1 ation of Building Construct	tion	
		Employer Contr Workers' Contr	ibutions	\$ _{87.60}		
	<u> </u>	Penalty		-00.00		
	FIN 13	Interest		\$ 87.60		
	តិមិរ៉	Tosu non-		1.26		
		Less rayments a Amount for whic	nd other cre	\$ 90.03	i*	
	τ	ogether with interest at the	n men 1s cla	aimed \$ 90.02		
	together with interest at the rate of one percent per month from the first day of <u>June</u> , 19 <u>86</u> , on the sum of $\$$ <u>12.60</u> Written demand for the amount defendant on <u>Movember 4</u> , 19 <u>85</u> , and said defendant failed was made on said the above period was made on said					
	June , 19 86, on the rate of one percent per month from the first day of defendant on <u>November 4</u> , 19 85, and said defendant failed to pay said amount the above period was made on said the above period was made on said					
1	of employer and workers' contributions then due for the above period was made on said defendant on <u>November 4</u> , 19 85, and said defendant failed to pay said amount the above peraity and interest. No portion of the amounts due during said subject to credits against same except as indicated above.					
	against same except as indicated above interest has been maid said period for					
	Z (Crem) or i					
	STA	Seal CRESCN				
	Cou	nty of Marion) ss.		IDENT INSURANCE FUND CORPOR	RATION	
	I,	H. N. Wineland	By L	n. W.O		
	am (redit Manager of claiment, being first	à-1	. Rund	9 E.	
•	I, <u>H. M. Wineland</u> , being first duly sworn on oath depose and say that I 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.					
			are true.	execute said		
	ļ					
et.o;				n. W: 0 /		
5	11.1	UBLICE	Subscribe	ad and sworn to before me		
		Notary		and sworn to before me day of <u>May</u> , 1986		
			LO.	<u> </u>		
		<i>i</i>	Notary Pu	plic for tomphel	e l	
			My Commin			
	-			sion expires <u>4/28/90</u>		
	STATE OF OREGON: COUNTY OF KLAMATH.					
	Filed fo	F FROOT				
(of	A.D. 10 86		. 10		
τ	EP	of <u>County Lien Nocket</u>	k P_M., and	duly recorded in Vol	ay	
r	EE	\$5.00	Evelyn Rich	198 M86		
			By	a, County Clerk		
				- under		
	1					