<u>159</u>70 Vol.M& Page 405966.104 65581 STATE ACCIDENT INSURANCE FUND CORPORATION 973 1 400 High At S.C., Salen, CA 9:73,2 NOTICE OF LIEN CLAIM claimant, Filed Pursuant TO ORS 656. 566 In the County of 175 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 situated in Klamath County, State of Oregon. 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 19 85 through <u>AURISE 7</u>, 19 85, in the occupation of <u>Retail Clothing</u> 2 Employe: Contributions Workers' Contributions \$ 44.69 F 4.47 4.93 <u>...</u> Penalty' \$ 54.09 Interest ម្ល 0.00 less payments and other credits \$ 54.09 together with interest at the rate of one percent per month from the first day of <u>September</u>, 19, 86, on the sum of \$ 44.69 of employer and workers' contributions then due for the above period was made on said defendant on <u>March 26</u>, 19, 86, and said defendant failed to pay said amount within thirthy days after said written demand and use thereby in default and subject to Amount for which Lien is claimed 50 of employer and workers' contributions then due for the above period was made on said defendant on <u>March 26</u>, 19 86, and said defendant failed to pay said amount within thirty days after said written damand and was thereby in default and subject to the affine real writtenest. No portion of the amount due during said ported for the above penalty and interest. No portion of the amounts due during said period for 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 modifie required form credits against some except as indicated above. STATE ACCIDENT INSURANCE FUND CORPORATION (~ Corp)) STATE OF ORESON) -1 By 1.J. M. U.C. , being first duly sworn on oath depose and say that I I, H. N. Mineland Deing Lirst dury sworn on Oaus depuse and say dure a am Gredit Manager of claimant State Accident Insurance Fund Corporation, and that I am County of Marion) an create ranager or clamant state accurate insurance rund corporation, and 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. LA.K Subscribed and sworn to before me this 29th day of August, 1986 2 Demphel CHoo Notary Public for Oregon My Commission expires ______ Notary) 1 seal) ÷ŧ __ day STATE OF OREGON: COUNTY OF KLAMATH: SS. 4th Filed for record at request of _____ of _____ \$5.00 FEE