		Ret:			A CARLES AND A CARLES	
		a de la stati de la competa de la sale			1 9	
	69910	SENFCOR	PORATION		Vol 14 Page_	24219
	UDUTO	400 HIGH STREET S.I SALENL OPESON 97312-1000			432657	
	ADD High Char	T INSURANCE I	UND CORPORATION)		
	400 High Stre Salem, OR 97			j j	NOTICE OF LIEN	
		512	Claimant,	· · · · · · ·	CLAIM Filed Pursuant	
	Philip K Sv	visher dba)	To ORS 656. 566	
			VS)	In the County of	
	S & S Auton	ptive		· · · · · · · · · · · · · · · · · · ·		
				ý	Klamath	
				ý		
			Defendant)		
	Notice is here	by given that		*	Fund Corporation of Oregor	
	claims a lien	on the follo	ving described pro	Insurance	Fund Corporation of Oregon	า
	or the defe	ndant situate	d in Klamath Count	tv. State	Fund Corporation of Oregon All real and personal prope	erty
					or oregon.	-
				-		
	for the follow	ing amount de				
-	of the employm	ent of worker	e State Accident	Insurance	Fund Corporation on accou	nt
7		_, 19 85 thro	ugh <u>March 31</u>		addie during the period	116
21 11.1	Auto Repair		-j+ <u>-122(4) j1</u>	, 19	86, in the occupation of	
			Employer Contril	butions	\$ 825.72	
			Workers' Contril	butions	81.90	
			Penalty		\$ 907.62	
UEC			Interest		86.43	
86					70.77	
20 8			Less Payments &	other Cre	\$1064.82	
			ALCUNC IOT Which	· Tion Cl.	1 A1001 B	
	resource with interest at the rate of one personal in					
	January , 19_{87} , on the sum of $$832.62$. Written demand for the amount defendant on October 3 , 19_{86} , and said defendant for the above period was made on said					
	defendant on Co		- ibucions then du	le for the	Written demand for the a	mount
	defendant on <u>October 3</u> , 19 86, and said defendant failed to pay said amount within thirty days after said written demand and was thereby in diff.					
	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					
					unts due during said perio	d for
	credits against	same except	at indicated above	e interes	t has been paid nor are the	ere any
	<u></u>					-
	() Corp		ST	ATE ACCID	ENT INSURANCE FUND CORPORA	
						I'TON
	STATE OF OREGON		· •	11	M. W.L.D	
	STATE OF OREGON County of Marior	·) : SS.	By	\sim	M. W.	
	1. n. N. Winels	anvil .	, being f	first dul		·
	that I an familiar with the above Notice of Lien Claim, that I have putterning and say					
	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.					
	a second second		the matters set	forth the	erein are true.	
	and the second					
		•		<u> </u>	n. w.p.D	
			Su	uscribed	and Sworn to before me	
		ŝ.	<u>ц</u> .	$15 \underline{23rd}$	day of December 1986	
	(Notary Seal	.)				
				Leens	and the second	
			Nota	ary Publi	c for Oregon	
CTLA			My (Carmissio	c for Oregon n expires: <u>U-29-90</u>	
SIATE	OF OREGON: COUN	TY OF KLAMAT	H: ss.			
of	December	AD 10 86	12.07		the <u>31st</u> ad duly recorded in Vol. <u>M86</u>	
	of	Coun	ty Lien Dock	<u>Р</u> М., ал	d duly recorded in Vol	aay
FEE	\$5.00		2ver)	yn Biehn,	A County Clerk	
			Бу	/	im mille	

27 21 Hu '86 DEC 31

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