Vol<u>mga</u> Page **14898** 448949 110

3770 : STATE ACCIDENT INSURANCE FUND CORPORATION 400 High Street SE Salem, Oregon 97312

Claimant,

3 R's Reforestation Company VS.

Defendant.

) CLAIM) F11ed Pursuant to ORS 656.566) In the County of

NOTICE OF LIEN

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 the 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 July 1 , 19 88 , through August 31 , 19 88 , in the occupation of Reforestation ;

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together with interest at the rate of one percent per month from the first day of September , 19 89 , on the sum of \$ 1,691.59 . Written demand for the amount of employer and workers' contributions then due for the above period was made on said defendant

on November 28 , 1988 , 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; SS County of Marian

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1.

Notary **

STATE ACCIDENT INSURANCE FUND CORPORA By

I, W.N. Wine land, 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.

orème Subscribed ar day of

Seal Notary Pub My Commiss d1n/4414B/89/06/28

STATE OF OREGON: COUNTY OF KLAMATH: ss.

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