STATE ACCIDENT INSURANCE FUND CORPORATION )467425 400 High Street SE

Salem, Oregon 97312

NOTICE OF LIEN CLAIM Filed Pursuant to ORS 656.566

Ribs and Bibs Inc.

725

'89 SEP I AM II 25

Defendant.

Claimant.

vs.

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In the County of Klamath

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Notice is hereby given that State Accident Insurance Fund Corporation of Oregon claims a lien on the following described property:

All the 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 August 03, 1938, through September 30, 1988, in the occupation of Restaurant:

Employer Contributions	\$754.60
Workers' Contributions	124.60
Penalty	87.92
Interest	96.70
Sub-Total	\$1,063.82
Less payments and other credits	-00.00
Amount for which Lien is claimed	\$1,063.82

together with interest at the rate of one percent per month from the first day of October, 1989, on the sum of \$879.20. Written demand for the amount of employer and workers' contributions then due for the above period was made on said defendant on December 20, 1988, and said defendant failed to pay said amount within thirty days after said written demand and was thereby in defauit 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 aga (inst same except as indicated above. (Corp.) STATE ACCIDE

STATE OF ORESON SS County of Marion

STATE	ACCIDENT	INSURANCE	FUND	CORPORATION
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By	1 Y ALLAN	-	1.1	

, I, U. W. McFarland, heing first duty sworn on oath depose and say that I am diregit Supervisor of claimant State Accident Insurance Fund Corporation, and that I am familian 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 di	real
Subscri	hed and sworn to before me this $2007$
uay of	Vera & Ollon

Notary Public for Oregon My Commission Expires

d1n/90078/89/08/29

Notary Seal.

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STATE OF OREGON: COUNTY OF KLAMATH: SS.

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	Sept.	A.D., 19	89 at 11:25	o'clock	<u>A.</u> M., a	nd duly rec	orded in V	/ol	
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FEE	\$5.00					Con			٤
Return:	S.A.I.F.								