		Vor.//	89 Pad e³²66
	TTO	y460584-112	
STATE ACCIDENT INSURANCE FUND LU	Khominitan		
Ann uinh Street St			
	lmant,	NOTICE OF LIEN	
		CLAIM	
		Filed Pursuant	
1 Inc.)	[1] [1] [1] [1]	to ORS 656.566 In the County of	
Pyrofoam International Def	endant.) Klamath	원보다 그리고 그리고 아이를 하고 있다.
그는 그를 작용하는 사람들 학생들을 걸려 살을 살았		网络大鼠 医皮肤皮肤 医血管系统 医牙髓性病 化二氯化二氯化	(일일) 크림으로 본교학 화
Notice is hereby given that Sta		Tusurance Fund Corpor	ation of
Notice is hereby given that Sta	te Piccident	ribed property:	
All real and personal prop	erty of the	defendant situated in	tne
All real and personal prop	redon.	화고 등록 불통하고 있다는 않다.	
Klamath County, State		Ful Corn	oration on
for the following amount due S account of the employment of w	tate Accider	nt Insurance runu corp	nt during
for the following amount due s account of the employment of w the period July 01, 1988, thro	orkers by th	he above named define	upation of
account of the chip 1988, thro	ugh Lecembe	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Fireproof Insulation Mfg.;			
		\$4,979). 85
Enployer Co	ontributions	48	4.00
Workers! U	ontributions	14 14 14 15 15 15 15 15	6.39
Penalty			0.72
Intérest Sub-Total		\$6,76	
19、 17、 17、 17、 17等等的,4、 15、 17、 17、 17、 17、 17、 17、 17、 18、 18、 18、 18、 18、 18、 18、 18、 18、 18			00.00
Lecc navme	nts and oth	pr Lieuica	0.96
Necont tor	. Muscil Field		
그가 그는 이 사람들이 하는 사람들은 그는 물을 그 말이 생활하는 물 활성물을 하는 방향성 말중	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	and the second s	com the first
with interest at the	e rate of on	e percent per motern der	mand for the
together with interest at the day of January 01, 1990, on	the sum of)	tions then due for the	e above
together with interest day of January 01, 1990, on amount of employer and worke period was made on said defe	rs' contribu	mary 25, 1989, and sa	id defendant
amount of employer and worke period was made on said defe failed to pay said amount wi failed to pay said amount wi	ndant on Jan	days after said writt	en demand and
failed to pay said amount wi	which to t	he above penalty and 1	nterest. No
period was made on said dere failed to pay said amount wi was thereby in default and s portion of the amounts due d	urica said	period for employer or	workers
portion of the amount	tarest has	been paru nor are sur	
contributions, penalty of indicagainst same except as indicagainst	ated above.		
against same excell	[4] [基語]	- STRANCE FUND COR	PARATION
Corp=)	STATE ACCIDE	NT INSURANCE FUND COR	// 기계 시간 기계
(Corp)	ل ا	1. n. W. ()	2
STATE OF OREGON SS	By		[2015] 기민 김 아이는 이 교육[편
County of Marion		함께 가는 맛이 없다면 하는 그렇게 .	
	4 July cw	orn on oath depose and	say that I dill
County of Marion County of Marion Wineland, being fi Gredit Manager of claimant	Ctato Accid	ent Insurance Fund Cor	poration, and
Gredit Manager of Claimant	above Noti	ce of Lien Claim, that	Forth therein
Gredit Manager of claimant that I am familiar with the authority to execute said i	Notice, and	that the matters set	
authority to execute 55.			
are true.		1111	de/
그렇게 얼마를 하는 물로 가는 하는 그를 살을 했다. 그		and sworn to before m	e this
	Subscribed	nowbor 1989	
	day of DA	III ON ICM-	
(Notary)	D.D.O.	a X I KION	
(Seal)	Nothing Pub	lic for Oregon 03/08	105
	My Commiss	ion Expires	삼살 보통하는 얼마를 받았다.
是 表列文字和关键的 蒙望性 一个一个			
41n/215]8/89/11/27			
	元字 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
STATE OF OREGON: COUNTY OF KLAMA	TH: SS.		
SIALE OF CALLY			the 1st M89
Filed for record at request of S.A.I.	0:22	o'clock A.M., and duly	recorded in voi.
Filed for record at request of	en Docket	on Page 23266 Fyelvo Biehn	<u></u> • (2013 - //though is 1 for
acterior little and literature in the literature of the control of	THE R. S. T. P. LEWIS LAND BY M. L.	Evelvo Blenu /	COMING TOTAL