

K-42159

STATE ACCIDENT INSURANCE FUND CORPORATION)	Policy 450811-110
400 HIGH ST SE)	
SALEM, OR 97312)	SATISFACTION OF LIEN
Claimant,)	
VS.)	Filed Pursuant
)	to ORS 656.566
Whoa Inc., dba)	
Whoa Tavern)	
Employer.)	

KNOW ALL MEN BY THESE PRESENTS, that State Accident Insurance Fund Corporation for and in consideration of the sum of \$440.89, hereby acknowledges full satisfaction of a certain lien filed against the above-named defendant and in favor of State Accident Insurance Fund Corporation, which said lien is duly recorded in Klamath County, State of Oregon, in Record of Lien, Instrument No. 94163, Volume M88, Page 19825, on the 22nd day of November, 1988, and the County Clerk of said County is hereby authorized and directed to satisfy said lien of record.

(Corp)
(Seal)

STATE ACCIDENT INSURANCE FUND CORPORATION

STATE OF OREGON SS
County of Marion

By

CREDIT MANAGER

I, H.N. Wineland, being first duly sworn on oath depose and say that I am Credit Manager for State Accident Insurance Fund Corporation of the State of Oregon, and that by order of State Accident Insurance Fund Corporation, I have the authority to execute this instrument and that I executed the foregoing Satisfaction of Lien and affixed the seal of State Accident Insurance Fund Corporation for and on behalf of said Corporation.

(Notary)
(Seal)

H.N. Wineland
Subscribed and sworn to before me this 6th day
of June, 1990

Debra A Nelson
Notary Public for Oregon

My Commission Expires

03/28/93

j1c/4214R/90/06/04

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 6th day
of June A.D., 19 90 at 3:58 o'clock P.M., and duly recorded in Vol. M90,
of Co. Lien Docket on Page 10953.

FEE \$5.00

Evelyn Biehn County Clerk

By Debra A Nelson

Return: K.C.T.C.

90 JUN 6 PM 3 58