

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

422851-110

Vol. m90 Page 18713

Claimant,)
VS.)
E D Nash Enterprises Inc.)
Employer.)
In the County of
Klamath

NOTICE OF LIEN

CLAIM

Filed Pursuant

to ORS 656.566

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

All real and personal property of the employer situated in 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 employer during
the period March 7, 1988 through September 30, 1988, in the occupation of
Dentist;

| | |
|-------------------------------------|----------|
| Employer Premium | \$351.50 |
| Dept. of Ins. & Finance Assessments | 163.93 |
| Penalty | 51.54 |
| Interest | 130.92 |

Amount for which Lien is claimed

\$697.89

together with interest at the rate of one percent per month from the first day
of October, 1990, on the sum of \$515.43. Written demand for the amount of
Employer Premium and Dept. of Insurance and Finance Assessments then due for
the above period was made on said employer on December 16, 1988, and said
employer 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. The amount of which this lien is claimed is a net amount after
deducting all just credits and offsets, if any.

(Corp)
(Seal)

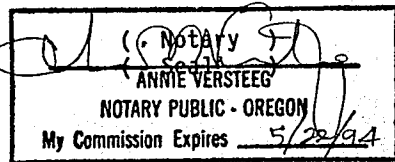
STATE ACCIDENT INSURANCE FUND CORPORATION

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 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.



AMV/8485V/10-12-90

Subscribed and sworn to before me this 14th day
of September, 1990

Notary Public for Oregon

My Commission Expires 5/22/94

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of State Accident Ins. Fund the 18th day
of Sept. A.D., 19 90 at 11:22 o'clock AM., and duly recorded in Vol. M90,
of Co. Lien Docket on Page 18713.

FEE \$5.00

Evelyn Biehn, County Clerk

By Pauline Muelendorp