

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

422733-112 Vol mgc Page 20087

21049

Claimant,

NOTICE OF LIEN
CLAIM

VS.

Filed Pursuant
to ORS 656.566

Thomas A. Strunk, dba
Tom's Equipment Sales & Service

Employer.

In the County of
Klamath

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 Deschutes
County, State of Oregon, including, but not limited to, the property,
more particularly described in exhibit A attached hereto and
incorporated herein by this reference;

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 October 1, 1988, through June 30, 1989, in the occupation of
Auto Sales & Service;

Employer Premium	\$1,578.28
Dept. of Ins. & Finance Assessments	171.06
Penalty	174.93
Interest	262.35

\$2,186.62

Amount for which Lien is claimed

together with interest at the rate of one percent per month from the first day
of November, 1990, on the sum of \$1,749.34. 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 October 12, 1989, 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.

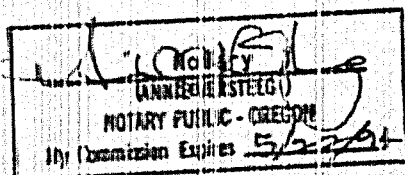
(Corp)
(Seal)

STATE ACCIDENT INSURANCE FUND CORPORATION

STATE OF OREGON SS
County of Marion

By L. N. W. P. D.
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.



L. N. W. P. D.
Subscribed and sworn to before me this 27th day
of September, 1990

[Signature]
Notary Public for Oregon
My Commission Expires 5/22/94

AMV/8599V/9-27-90