	STATE ACCIDENT INSURANCE F 400 High Street SE	ND CORPORATIO) 1337-110 Vol. <u>2290</u> F	Page 20231
	Salem, Oregon 97312	Claimant, VS) NOTICE OF LIEN) CLAIM) Filed Pursuant	
	Carlos Barragan, dba A-Guard Security Service	Employer	to DRS 656.566 In the County of Klamath	
	Notice is hereby given that claims a lien on the follow	t State Accdde ⊌ing described	nt Insurance Fund Corporation	
	All real and personal property of the employer situated in Klamath County, State of Oragon,			
	account of the imployment	of workers by	ent Insurance Fund Corporation the above named employer during y 31, 1989, in the occupation	ig 📗 🚉
	Епріруег Preniu Dept. of Ins. & Penalty Interest		\$1,363.71 sments .00 38.57 285.33	
3	Amount for whic	h Lien is clai	med \$1,687.61	
	together with interest at the rate of one percent per month from the first day of November. 1990, on the sum of \$1,363.71. 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 June 28, 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 it any. STATE ACCIDENT INSURANCE FUND CORPORATION			
	STAYE OF OREGON SS	By	(n. u).00	
	Credit Manager of claimint I am famillar with the abo	State Acciden ve Notice of L	on oath depose and say that I t Insurance Fund Corporation, ien Claim, that I have authori s set forth therein are true.	and that
	MINISTER CONTROL ON THE CONTROL ON T	Subscribed an of Aburry Public	d sworn to before me this 2 to	_ day
	001-2-01/VE298/VM	My Commission		
STAINE O	F OREGON: COUNTY OF KLAYLAT	M: ss.		
Fied for of	record at imposit of SAIF Oct. A.D., 19 90 a of Co. Lien Do	L2:30 o'cl	the5 ockP_M., and duly recorded in Vol on Page20231	thday
PEE	\$5.00		Evelyn Biehn - County Clerk By Orudine Mullendy	<u>e</u>