

STATE ACCIDENT INSURANCE FUND CORPORATION ) Policy 422851-110  
 400 HIGH ST SE )  
 SALEM, OR 97312 Claimant, ) SATISFACTION OF LIEN  
 P.O. Box 14210 )  
 VS. ) Filed Pursuant  
 ) to ORS 656.566  
 E D Nash Enterprises Inc. )  
 Employer. )

KNOW ALL MEN BY THESE PRESENTS, that State Accident Insurance Fund Corporation for and in consideration of the sum of \$697.89, 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, Volume M90, Page 18713, on the 18th day of September, 1990, 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 )

Subscribed and sworn to before me this 30<sup>th</sup> day  
 of December, 1990

Debra D Nelson  
 Notary Public for Oregon

My Commission Expires 12/28/93

dln/39138/90/11/29

Return: E.D. Nash Enterprises  
 505 S. 5th St.  
 Klamath Falls, Or. 97601

STATE OF OREGON,  
 County of Klamath ss.

Filed for record at request of:

E. D. Nash Enterprises Inc.  
 on this 6th day of Dec. A.D., 19 90  
 at 3:59 o'clock P M. and duly recorded  
 in Vol. M90 of Docket Co. Lien Page 24297  
 Evelyn Biehn County Clerk  
 By Pauline Mulholland  
 Deputy.

Fee, \$5.00