24119	STATE ACCIDENT INSURANCE FL	JND CORPORATION)444146-112 Vol <u>m9</u>	<u>∂</u> Page_ 2 5	473
	400 High Street SE Salem, Oregon 97312				
	Satelli, Oregun 57512	Claimant,) NOTICE OF LIEN) CLAIM		
		VS.) Filed Pursuant) to ORS 656.566		
	Modoc Timber Contracting In	nc.)		
		Employer.) In the County of Klamath		
	Notice is hereby given that claims a lien on the follow	t State Accident wing described pr	Insurance Fund Corporat	ion	
	All real and personal products of Oregon		employer situated in Kla	nath	
0 52	for the following amount daccount of the employment the period January 1, 1989 of Logging;	of workers by the	above named employer d	uring	
 :	Employer Premiu		\$5,983.		
- .	Dept. of Ins. & Penalty	Finance Assessme	ents 329. 631.		• • .
<u>ن</u> س	Interest		378.		
30 UEC 27 AN 10	Amount for whic	h Lien is claimed	\$7,322.	 96	
My Co	pay said amount within thi in default and subject to this lien is claimed is a offsets, if any. (Corp.) (Seal.), STATE, OF OREGON SS County of Marton I, H.N. Wineland, being fi Credit Manager of claimant I am familiar with the abo execute said Notice, and the content of	STATE ACCIDENT By CREDIT MANAG rst duly sworn of State Accident ove Notice of Lie that the matters Subscribed and of Credit Control of Control of Credit Control of Control of Credit Control of Contr	y and interest. The amo deducting all just cred INSURANCE FUND CORPORATI In oath depose and say the Insurance Fund Corporation Claim, that I have automated the set forth therein are treese to the set of the	unt of which its and ON at I am on, and that hority to ue.	
		Notary Public for My Commission E			
	MAG/5899G				
STATE	OF OREGON: COUNTY OF KLAMA	TH: ss			
			egy ether the service of the service	07-1	
of	or record at request of	SAIF Corp.	the	27th day	У
	of Co. Lie		on Page <u>25473</u>	VOI. 1170	••
· <u></u>			elyn Biehn - County Cler		
FEE	\$5.00		By Darline Mulling	stare	_