

STATE ACCIDENT INSURANCE FUND CORPORATION)
 400 HIGH ST SE)
 SALEM, OR 97312)

Claimant,)

VS.)

Policy 396290-106

SATISFACTION OF LIEN

Filed Pursuant
 to ORS 656.566

Todd L. Kellstrom &
 Scott C. Kellstrom dba,
 Kellstrom Bros. Painting

Employer.)

KNOW ALL MEN BY THESE PRESENTS, that State Accident Insurance Fund Corporation for and in consideration of the sum of \$2,728.44, 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 3819-3820, on the 28th day of February, 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 *[Signature]*
 ACTING CREDIT MANAGER

I, L.W. McFarland, being first duly sworn on oath depose and say that I am Acting 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 11th day
 of January 1991

[Signature]
 Notary Public for Oregon

My Commission Expires 03/28/93

dln/4042B/90/01/11

Return: Kellstrom Bros.
 1416 Main
 Klamath Falls, Or. 97601

STATE OF OREGON,
 County of Klamath ss.

Filed for record at request of:

Kellstrom Bros.
 on this 15th day of Jan. A.D., 19 91
 at 11:11 o'clock A M. and duly recorded
 in Vol. M91 of Co. Lien Page 961
 Evelyn Biehn Docket County Clerk

By *[Signature]*

Deputy.

Fee, \$5.00