offsets, if any. \_( Corp\_ )
-.( Seal ) STATE ACCIDENT INSURANCE FUND CORPORATION STATE OF OREGON SS County of Marion

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.

ANGLE VERSTEEG MOTARY PUBLIC - OREGON Ty Commission Expires 🚞

amv/1216V

28827

Subscribed and sworn to before me this day 1991 Notary Public for Oregon My Commission Expires

STATE OF OREGON: COUNTY OF KLAMATH:

Filed	for	record at	request of		SAIF	Corp.			the _	1st	day
of	73.	May			91 at	1:21	o'clock .	P_M., an	d duly recorded	in Vol. <u>M91</u>	
		Add to the	of	C	o. Lien	Docket		on Page8	3041		
	N. S. A				선인 사설(		Evel	yn Biehn	· County Cl	erk	
FEE		\$5.00					В	y Qau	ane Mull	ndero	

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