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claims a lien on the following described property:

All real and personal property of the employer situated in Klamath County, State of Oregon,

for the following amount due State Accident Insurance Fund Corporation on account of the employment of workers by the above named employer during the period July 1, 1989, through October 20, 1989, in the occupation of

Employer Premium	\$352.43
Dept. of Ins. & Finance Assessments	52.20
Penalty	40.86
Interest	73.79
Amount for which Lien is claimed	\$519.28

together with interest at one percent per month from the first day of June, 1991, on the sum of \$404.63. 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 September 20, 1989 and on February 13, 1990, 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, if any.

← Corp ≥ ½ Y Sea 19) 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.

NOTARY PUBLIC - OREGON My Ochumission Expires 5/20

amv/1453V

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. 14th day of on this May A.D., 19 91 10:27 o'clock A M. and duly recorded Co. Lien Page 9089 at . in Vol. M91 Evelyn Biehn County Clerk Ву Dauline Muilendare Deputy.

Fee, \$5.00