

FILED 13

NOTICE OF LIEN

FOR UNPAID WORKERS' COMPENSATION INSURANCE PREMIUMS

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, hereinafter called the Claimant, entered into a contract for Workers' Compensation insurance with Maleco, a partnership consisting of C. Marvin May and Blaine F. May, located at 4185 Brooklake Road, N.E., Salem, Oregon, providing for payment of claims in accordance with the Workers' Compensation Laws of Oregon, ORS Chapter 656. Claimant has demanded payment of the following amount(s) for premiums due, and the above referenced Employer has defaulted in paying the same within sixty days of the date of this Notice:

POLICY PERIOD:AMOUNT DUE:

May 1, 1989 to May 1, 1990 \$296,348.43

The amounts owed are specifically set forth in the accounting and invoices attached hereto as Exhibit 1.

Claimant claims a lien in the above stated amount(s) plus interest and penalties as provided by law, on all lumber, saw logs, spars, piles, ties or other timber, upon all other manufactured articles of whatsoever kind or nature, and upon all machinery, tools and equipment of the Employer used in connection with the employment on which contributions, premiums or assessments are due.

DATED this 28th day of May, 1991.

Frank Haak

For CLAIMANT

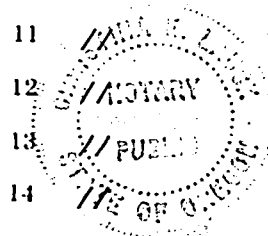
Frank Haak, Credit Manager,
Liberty Northwest Insurance Corporation

1 STATE OF OREGON)
2 County of Multnomah) ss. May 28, 1991.

3 Personally appeared Frank Haak who being duly sworn
4 did say that he is the Credit Manager for Liberty Northwest
5 Insurance Corporation and that said instrument
6 was signed in behalf of said corporation by authority of its
7 board of directors; and he acknowledged said instrument to be
8 its voluntary act and deed.

9 Before me:

Christina E. Lauch
Notary Public for Oregon
My Commission Expires: 07/18/93



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Lloyd Center Tower
825 NE Multnomah Street
Portland, Oregon 97232

(503) 239-5800

**Liberty
Northwest**
Insurance Corporation



A Liberty Mutual Company

• MAY TRUCKING COMPANY

P.O. BOX 400

• PAYETTE ID 83661

Policy Period: 05/01/89

To: 05/01/90

This invoice based on First evaluation.

Billing Date: 01-03-91

Payment Due Date:

Assessments	Amount
Standard Premium	670,636.44
Prior Retrospective Adjustment	0.00
Current Retrospective Adjustment	-30,970.00
Retrospective Rated Premium	639,666.44
Aircraft Passenger Seat Surcharge (OR)	1,600.00
Expense Constant (ID)	120.00
Premium Discount (OR)	-90.00
WCD Premium Assessment (OR)	9,125.77
WCD Workday Assessment (OR)	13,215.00
SEE FOUR YEAR SUMMARY	Total Amount
	662,638.21
*Includes \$40,120 Idaho Dividend Credit.	Prepaid Amount
	* 366,289.78
	Refund Amount
	0.00
	Amount Due
	296,348.43

Please remit payment with a copy of invoice to:

12/28/90 TS/emc

Liberty Northwest Insurance Corporation
P.O. Box 5089
Portland, Oregon 97208-5089

A Liberty Mutual Company

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Liberty Northwest Ins. Corp. the 30th day
of May A.D., 19 91 at 12:13 o'clock P M., and duly recorded in Vol. M91
of Co. Lien Docket on Page 10209

Evelyn Biehn County Clerk

By Pauline Muehlbauer

FEE \$15.00

Return: Liberty Northwest Ins. Corp.
P.O. Box 4400
Portland, Or. 97208

RETROSPECTIVE RATING INVOICE

10211

INVOICE NUMBER: 326274

WCD NUMBER: SUMMARY

POLICY NUMBER: 00158R06

STATE: OREGON & IDAHO