

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 Blaine F. May, a partner in a partnership doing business as Maleco, 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.


For CLAIMANTFrank 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. Lauck
Notary Public for Oregon
My Commission Expires: 07/18/93

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Lloyd Center Tower
825 NE Multnomah St.
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: _____

RETROSPECTIVE RATING INVOICE

INVOICE NUMBER: **326274**

WCD NUMBER: SUMMARY

POLICY NUMBER: 00115806

STATE: OREGON & IDAHO

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

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)	1,500.00
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 * 356,289.78
	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

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Exhibit 1 Page 1

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 10212
Evelyn Biehn, County Clerk
By Douglas Mulindre

FEE \$15.00