

1 NOTICE OF LIEN

2 FOR UNPAID WORKERS' COMPENSATION INSURANCE PREMIUMS

3 KNOW ALL MEN BY THESE PRESENTS, that the undersigned,
4 hereinafter called the Claimant, entered into a contract for
5 Workers' Compensation insurance with May Trucking Company,
6 located at 4185 Brooklake Road, N.E., Salem, Oregon, providing
7 for payment of claims in accordance with the Workers'
8 Compensation Laws of Oregon, ORS Chapter 656. Claimant has
9 demanded payment of the following amount(s) for premiums due,
10 and the above referenced Employer has defaulted in paying the
11 same within sixty days of the date of this Notice:

12	<u>POLICY PERIOD:</u>	<u>AMOUNT DUE:</u>
13	May 1, 1989 to May 1, 1990	\$296,348.43
14	April 15, 1988 to May 1, 1989	\$534,159.79
15	TOTAL	<u>\$830,508.22</u>

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

18 Claimant claims a lien in the above stated amount(s)
19 plus interest and penalties as provided by law, on all lumber,
20 saw logs, spars, piles, ties or other timber, upon all other
21 manufactured articles of whatsoever kind or nature, and upon

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1 all machinery, tools and equipment of the Employer used in
2 connection with the employment on which contributions, premiums
3 or assessments are due.

4 DATED this 28th day of May, 1991.

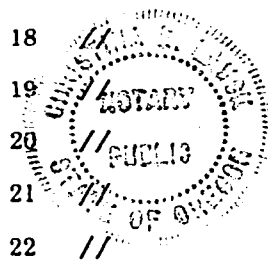
5 Frank Haak
6 For CLAIMANT
7 Frank Haak, Credit Manager,
Liberty Northwest Insurance Corporation

8 STATE OF OREGON)
9 County of Multnomah) ss. May 28, 1991.

10 Personally appeared Frank Haak who being duly sworn
11 did say that he is the Credit Manager for Liberty Northwest
12 Insurance Corporation and that said instrument
13 was signed in behalf of said corporation by authority of its
14 board of directors; and he acknowledged said instrument to be
15 its voluntary act and deed.

16 Before me:

17 Christina E. Lauch
18 Notary Public for Oregon
19 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: 04/15/88

To: 05/01/89

This invoice based on First & Second evaluation.

Billing Date: 01-03-91

Payment Due Date:

Assessments	Amount
Standard Premium	781,539.83
Prior Retrospective Adjustment	0.00
Current Retrospective Adjustment	65,365.00
Retrospective Rated Premium	346,904.83
Aircraft Passenger Seat Surcharge (OR)	600.00
Expense Constant (ID)	120.00
Premium Discount (OR)	-90.00
WCD Premium Assessment (OR)	10,241.16
WCD Workday Assessment (OR)	5,605.60
SEE FOUR-YEAR SUMMARY	863,381.59
Total Amount	
*Includes Idaho Dividend Credit \$55,218.00 and \$11,652.97 Liberty Mutual Refund Credit.	* 329,221.80
Prepaid Amount	
Refund Amount	0.00
Amount Due	534,159.79

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
1 NW 3076

10217

RETROSPECTIVE RATING INVOICE

INVOICE NUMBER: 326278

WCD NUMBER: SUMMARY

POLICY NUMBER: 001158R05

STATE: OREGON & IDAHO

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

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

Billing Date: 01-03-91

Payment Due Date: _____ evaluation.

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
Total Amount	662,638.21
*Includes \$40,120 Idaho Dividend Credit.	* 366,289.78
Prepaid Amount	0.00
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

Exhibit 1 Page 2

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 PM., and duly recorded in Vol. M91
of Co. Lien Docket on Page 10215

FEE \$20.00

Evelyn Biehn - County Clerk

By Audrey M. Mendenhall