

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 C. Marvin May, a partner
6 in a partnership doing business as Maleco, located at 4185
7 Brooklake Road, N.E., Salem, Oregon, providing for payment of
8 claims in accordance with the Workers' Compensation Laws of
9 Oregon, ORS Chapter 656. Claimant has demanded payment of the
10 following amount(s) for premiums due, and the above referenced
11 Employer has defaulted in paying the same within sixty days of
12 the date of this Notice:

13 POLICY PERIOD:AMOUNT DUE:


14 May 1, 1989 to May 1, 1990

\$296,348.43

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

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

24 DATED this 28th day of May, 1991.

25 

26 For CLAIMANT

Frank Haak, Credit Manager,

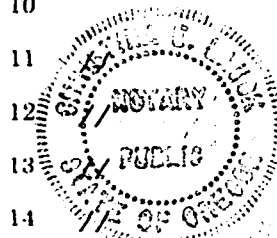
Liberty Northwest Insurance Corporation

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:

10 Christina E. Lauck
11 Notary Public for Oregon
12 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: 05/31/90

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 12:14 o'clock P.M., and duly recorded in Vol. M91
of Co. Lien Docket on Page 10219

FEE \$15.00

Evelyn Biehn County Clerk
By Pauline M. Mendenhall

10221

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