

Vol. 1198 Page 44210

STATE OF OREGON,
County of Klamath

County of Klamath

Witness my hand and seal of County
affixed

NAME	Bernetha G. Letsch, Co. Clerk
TITLE	

By Kathleen Ross, Deputy

SPACE RESERVED
FOR
RECORDS MANAGEMENT

Fee: \$5.00

North Pacific Insurance Co

Injured Person's/Patient's Name and Address

After recording, return to (Name, Address, Zip):

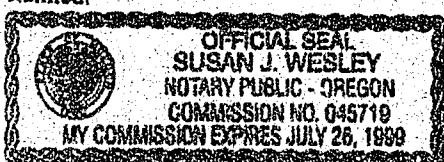
Attn: Rose

NOTICE IS HEREBY GIVEN that Mountain View Orthopedics & Sports Medicine
(hereinafter called Claimant) of Klamath Falls
services or treatment for Donal Badorek has rendered hospitalization
a person who was injured on or about 06/20, 1998, (hereinafter called Patient),
Klamath County, State of Oregon, in the City of Klamath Falls,
1998. Claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settle-
ment or judgment from Donald Badorek & North Pacific Insurance Company
alleged to have caused injuries and any other person liable for the injury or obligated to compensate Patient on account of Patient's
injuries. The hospitalization or treatment was rendered to the injured person between 06/20
1998, and any future treatment related to above dated accident

STATEMENT OF AMOUNT DUE

[illegible]

Fifteen days have not elapsed since that time (the discharge of Patient from the hospital). Claimant's demands for care and service are in the sum of \$3000.00. No part thereof has been paid, except \$0.00. There is now due and owing and remaining unpaid thereupon, after deducting all credits and offsets, the sum of \$3000.00, in which amount lien is hereby claimed.



Mountain View Orthopedics & Sports
 By [Signature] NAME OF HOSPITAL OR PHYSICIAN, Claimant.
 Title Assistant Office Manager

STATE OF OREGON, County of Klamath

I, Rose M. Bernaldo

duly sworn on oath, say: That I am Asst. Office Manager of Mtn. View Orthopedics & Sports med., being first named in the foregoing claim of lien. I have read the same, know the contents thereof and believe the same to be true.

Subscribed and sworn to before me this 1st day of December, 1998

Notary Public for Oregon

My commission expires 7-26-94

ORS 87.565. When completed, and "not later than 15 days after the discharge of the patient from the hospital," the notice of lien shall be filed "with the recording officer of the county wherein such hospital is located." Also, prior to the date of judgment, settlement or compromise, certified copies of the notice shall be served "by registered mail or by certified mail with return receipt upon the person alleged to be responsible for causing the injury and from whom damages are claimed;" (to the last-known address of the person), and "the insurance carrier which has insured the person alleged to be responsible against such liability, if such insurance carrier is known."

I hereby certify that the foregoing is an exact and complete copy of the original thereof.