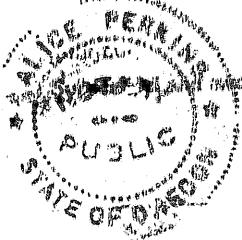


STATE OF OREGON,

County of _____

I, Oliver L. Berlese, being first
duly sworn on oath, say: That I am Hospital, 1620 N.W. 11th & Stark
named in the foregoing claim of sum; that I have read the same, and know the contents thereof, and believe the
same to be true.



return to before me this 2nd day of September, 1968.

Oliver L. Berlese
Notary Public for Oregon.
My commission expires July 31, 1971.



Lien must be filed in the county where hospital is located and also in the county where injury occurred, if in another county.

70410
Hospital Lien

Form No. 1001

STATE OF OREGON,

COUNTY OF Skamania,

I certify that the within instrument
was filed for record in my office on the
day of September 4, 1968,
and recorded in book # 2
of said County.

Witness my hand and seal of
October 1968.

O. L. Berlese
Notary Public

STATE OF OREGON, PORTLAND, ORE.

SEARCHED	INDEXED
SERIALIZED	FILED
SIGNED	NOTARIZED
COPIED	MAILED