FILED FOR RECORD SKANANA CO, WASH BY DSHS	NAME: LORIE L. MARSTON
Jin 21 12 11 Pil '96 Paruny	SOCIAL SECURITY #:
DEMANDER AUDITOR SECOND SERVICES GARY M. OLSON	CASE NAME: ALWAY, Neil A.
NOTICE AND STATEMENT OF LIEN	JRA #: 675892
125559 NOTICE IS HEREBY GIVEN: That there is a debt due and owing the State of Washington by	BOOK 157 PAGE 928
and the State of Washington claims the right to file this lien in 74.20A.060.	occordance with the provisions of RCW 13.40.220 and
State of Washington. State of Washington. County of Thurston) SS. I certify that I know or have satisfactory evidence that is the person who appeared before me, and said person acknow he/she was authorized to execute the instrument and acknowled Services to be the free and voluntary act of such party for the party.	Department of Social and Health Services Department of Social and Health Services Department of Social and Health Services
My Appointment Expir	es12/27/99
RETURN TO: Department of Social and Health Services Office of Financial Recovery PO Box 9768 Olympia WA 98507-9768 Telephone: (360) 753-1325 1-800-562-6114 (Washington Toll Free) 1-800-452-2334 (Non English) (360) 753-0343 (TDD)	AR 18 September 19