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BOOK 214 PAGE 875

FILED FOR DECORD SKAP TO TO WASH BY Dr. Larry Wasilenkoff SEP 20 | 31 AH 'OI Dealing Allertor

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FILED FOR RECORD AT THE REQUEST OF AND WHEN RECORDED MAILED TO: Advanced Chiropractic Centre 705 SE Parkcrest, Ste 120 Vancouver, WA 98683

DOC. TITLE: PHYSICIAN LIEN (RCW 60.44. et seq) REFERENCE NO.: N/A GRANTEE: Dr. Larry L. Wasilenkoff DBA Advanced Chiropractic Centre GRANTOR(S): 1. Farmers Insurance Group (Ins Co.) 11112 NE 51st St., PO BOX 2489 CL#26-83940 Vancouver, WA 98662 2.Richard Beard (Tortfeasor) c/o Farmers Insurance Group Same as above PATIENT: TIM ESSEX ADDRESS: PO BOX 92 Stevenson, WA 98648 Fig. 1

NOTICE is hereby given that the undersigned claimant who claims as a Practitioner has performed services for the above patient, whose address and domicile (state) are stated above, and which services were rendered necessary to said patient as a result of an injury which occurred on the above date, through the alleged fault of the above tortfeasor. Claimant claims a lien for the value of claimant's services which were rendered necessary, because of the following injuries suffered by the patient: spinal sprain/strain injuries

ACCIDENT DATE: 06-05-2001

I, Larry L. Wasilenkoff, have read the foregoing Notice of Lien, know the contents thereof, and believe the same to be true.

DATED this 19 day of September

SUBSCRIBED & SWORN to before me this 1940 day of September, 2001.

(NOTARY PUBLIC for Washington) My Appointment Expires: 12-18-04