

CERTIFICATE OF SERVICE BY MAIL

I certify that on the 7 day of FEB, 1985, I served a copy of the above and foregoing Release of Lien for medical services upon the following persons by placing a copy in the United States Mail, postage paid thereon, addressed as follows:

Lorene Tiger
P.O. Box 1087
Seminole, OK 74868

Landmark America Insurance Co.
P.O. Box 3329
Englewood, CO 80155

Richard Swart

RICHARD SWART
Attorney for State of Oklahoma
Teaching Hospitals

P.O. Box 25982
Oklahoma City, OK 73125
Telephone: 405/271-3320