

CERTIFICATE OF SERVICE BY MAIL

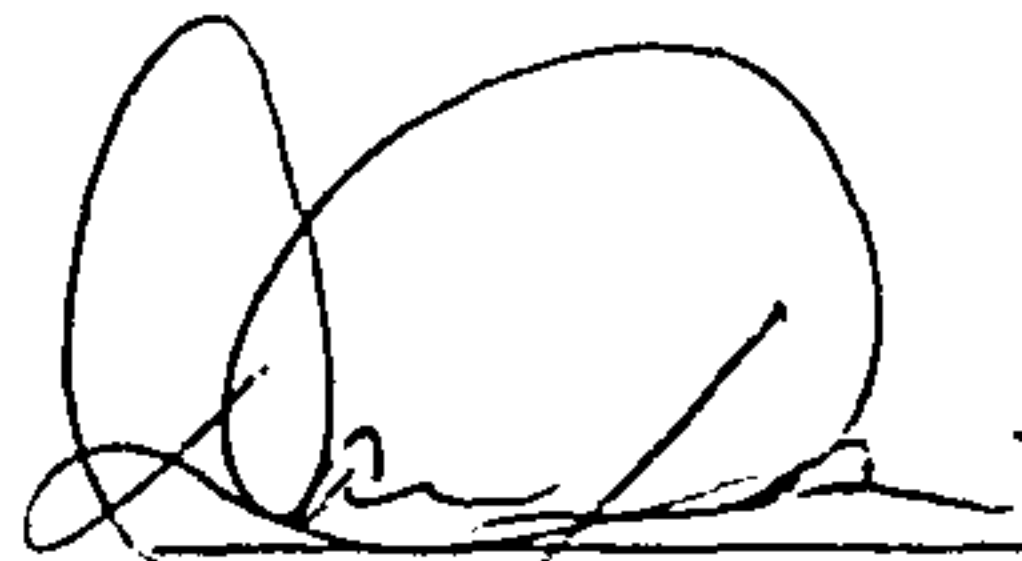
I certify that on the 31 day of October, 1986, I served a copy of the above and foregoing Partial Release of Lien for medical services upon the following persons by placing a copy in the United States Mail, postage pre-paid thereon, addressed as follows:

Jenny R. Comer
Route 1, Box 54
Thomas, OK 73669

Charles L. Comer
Route 1, Box 54
Thomas, OK 73669

Life Investors Insurance
4333 Edge water Road, N.E.
Cedar Rapids, IA 52499

Agra-Benefits Administrators
Attn: L. Michael Skinner
P. O. Box 14476
Cedar Rapids, IA 52406



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