NOTICE OF PHYSICIANS LIEN

YOU ARE HEREBY NOTIFIED in accordance with Title 42, OK Stat., Section 46, that the undersigned physician whose name and address are:

PRO-CHIROPRACTIC INC. WI
820 N.W. 13th Street
Oklahoma City, Oklahoma 73106

and whose principal office is located in Oklahoma County, Oklahoma, has rendered medical services to an injured person whose name and address are:

Retuania Cooper, 1229 NW 81, Oklahoma City, OK 73114

who was injured on or about **July 14, 2003** as a result of the act of negligence or another whose name and address are:

Rental Wreck

as physician is informed and believes,

In the event such injured person asserts or maintains a claim for damages against such other person or an insurer on account of such injuries, physician claims a lien in the amount of **$1976.00** of such claim going or belonging to and any recovery or sum collected or to be collected by the injured person or by his or her heirs, personal representative or next of kin in the event of his or her death, whether by judgment or by settlement or compromise.
The name and address of the insurer(if any) and the number of the insurance policy against which this lien are asserted are:

Crawford and Company
1210 Roverboard Dr., Ste 107
Dallas, TX 75247

POLICY NO./CLAIM NO.: **64668714**
The name and address of the attorney for the injured person (if any) is:

NONE

This notice was filed on the mechanic's and material-men's lien docket in the office of the County Clerk of OKLAHOMA, County
on 1-22, 2004

JERRY DICKEY, D.C., Chiropractic Physician

STATE OF OKLAHOMA)
) ss.
COUNTY OF OKLAHOMA)

Subscribed and sworn to before me, the undersigned Notary Public, this 23 day of January, 2004.

[SEAL]

My Commission Expires:
5-18-07

Doc # 2004011438
Bk 9184
Pg 657-657
DATE 01/23/04 13:03:58
Filing Fee $15.00
Documentary Tax $0.00
State of Oklahoma
County of Oklahoma
Oklahoma County Clerk
Carolynn Caudill

UNOFFICIAL