NOTICE OF LIEN AND APPLICATION
FOR FINANCIAL ASSISTANCE

Pursuant to Idaho Code 31-3501 et seq. the Board of County Commissioners of Ada County hereby claims a statutory lien on behalf of Ada County and/or the Catastrophic Health Care Cost Program in an unliquidated amount against all real and/or personal property of **MICKEY MOUSE**. Said lien arises from an application for financial assistance filed on **2/20/2013**, which lien shall have a priority date as of the date the necessary medical services were provided to **MICKEY MOUSE** or (his/her) minor dependent, pursuant to Chapter 35, Title 31, Idaho Code.

BOARD OF ADA COUNTY COMMISSIONERS

_____
Chair

STATE OF IDAHO)
) S.S
County of Ada)

On this ____ day of _____, 20___, before me the undersigned, a Notary Public in and for said State, the Chair of the board of Ada County Commissioners known or identified to me to be the person whose name is subscribed to the within instrument personally appeared to me and acknowledged to me that he/she executed the same on behalf of the board.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

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(Application # **48957**)

_____
Notary Public Name (**JOLENE ANDERSON**)
Notary Public for the State of Idaho
My Commission Expires: **4/22/2014**
(Application Date **01/30/2013**) **(JCA/JCA)**