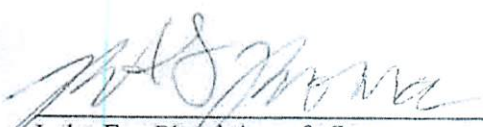


RE: [REDACTED] v. [REDACTED];  
ADMINISTERED BY YORK RISK SERVICES GROUP  
WCAB NO. : ADJ [REDACTED] (POM)  
D.O.I. : CT 1/17/11-9/1/11  
CLAIM NO. : [REDACTED]

STIPULATION TO PAY LIEN CLAIMANT

The parties have stipulated to resolve the lien of **Labs For Physicians & Surgeons** for DOS **10/10/12**, who is represented by **Robert [REDACTED]** in the amount of \$1,512.00 for the sum of \$50.00 in full and final satisfaction of said lien and all claims arising therefrom to date, in addition to any sums previously paid on said lien. This settlement resolves all known and unknown balances for all dates of service associated with this tax ID number and or provider. All penalties and interest are waived if paid within 30 days.

Labs For Physicians & Surgeons has filed a lien with the WCAB.

  
\_\_\_\_\_  
Labs For Physicians & Surgeons

Lien Claimant


Date: 6/24/2015

Tax ID Number: [REDACTED]

Address:

1535 S. D STREET SUITE #210  
SAN BERNARDINO, CA 92408

Enc: W-9

  
\_\_\_\_\_  
Negar Matian

Attorney for Defendant

Date: 6/24/2015

Form **W-9**  
(Rev. November 2008)  
Department of the Treasury  
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2

Name (as shown on your income tax return)  
**Labs For Physicians and Surgeons**

Business name, if different from above  
**LFPS Inc.**

Check appropriate box:  Individual/ Sole proprietor  Corporation  Partnership  Other  Exempt from backup withholding

Address (number, street, and apt. or suite no.)  
**1535 S. Dst., Suite 210**

City, state, and ZIP code  
**San Bernardino, CA 92408**

Requester's name and address (optional)

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

OR

Employer identification number

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person  Date **03/12/14**

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
  - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
  - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
- The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:
- The U.S. owner of a disregarded entity and not the entity,

# LFPS, INC

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**1535 S. D STREET SUITE 210**

**San Bernardino, CA 92408**

**P(909)884-9500 F(909)884-4200**

**To Whom It May Concern;**

**Xtreme Liens, Inc. has been retained to represent the interest of Labs for Physicians & Surgeons, as their representative on collections and lien issues and have been given authorization thereunto.**

**Please accept this as a 10550 letter, Under Penalty of perjury (Reg. 10770) Xtreme Liens, Inc. has not purchased the account receivables for LFPS.**

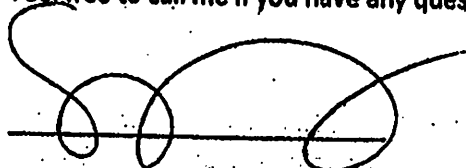
**All Mailing correspondence along with payments should be mailed to:**

**Lab for Physicians & Surgeons**

**1535 S. D Street, Suite 210**

**San Bernardino, CA 92408**

**Feel free to call me if you have any questions or concerns,**



**Sam Yem, Office Manager for LFPS, Inc.**