

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

[Redacted] Applicant,

New Casualty, admin
York Risk Services Defendants.

Case No. A107 [Redacted]

STIPULATION AND ORDER
TO PAY LIEN CLAIMANT

Lien Claimant Mesa Pharmacy has filed a lien
dated 2/3/16 in the sum of \$ 7,805.07

The parties hereto agree to accept the sum of \$ 150.00 as full payment and satisfaction of all liens and bills filed for service(s) up to present date by the above referenced lien claimant and said sum is inclusive of all penalties and interest if paid within thirty (30) calendar days from the date of approval.

Lien Claimant's Tax ID Number is: [Redacted]

Lien Claimant's Address for payment: 18015 Sky Park Circle, suite D
Irvine, California, 92614

IT IS SO STIPULATED

DATED: 12/29/2016
Pandora Posada
(LIEN REPRESENTATIVE)
By: Pandora Posada
(PRINT NAME)

DATED: 12/29/16
Mation Law / M. Ciciliano
(REPRESENTATIVE FOR DEFENDANT)
By: [Signature]
(PRINT NAME)

Pursuant to the stipulation above, IT IS SO ORDERED.

DATED: 12/29/16

[Signature]
M. VICTOR BUSHIN
WORKERS' COMPENSATION JUDGE

NOTICE TO: Defendant () Lien Claimant
You are hereby ordered to serve this Order on all parties and lien claimants forthwith and retain proof of said service.