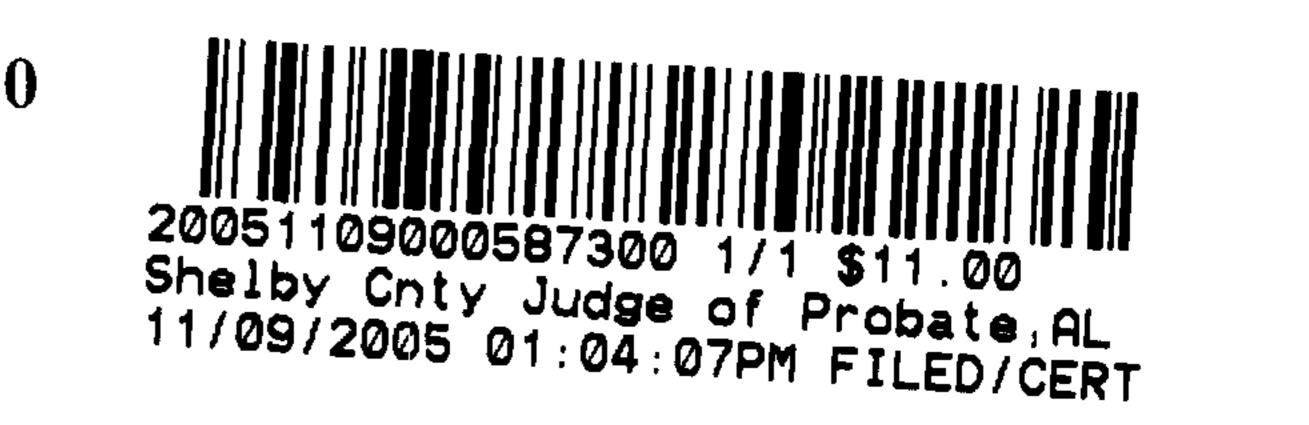
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY COUNTY



Notice is hereby given, as	provided by the law	s of the State of Alabama th	at UNIVERSITY OF ALABAMA
HOSPITAL whose addres	s is, LNB 450, 619 1	9 th ST. S., Birmingham, AL 3	5249-6510, which operates a hospital
of the same name at the sa	ıme address, claims	a lien for the reasonable cha	rges of hospital care, treatment and
maintenance received by: Jennifer Towery		of 100	Lee Lane Vincent, AL 35178
against all causes of action	n, suits, claims, cour	nter claims and demands acc	ruing to the said Jennifer Towery
or his legal representative.	, and against all judg	gments, settlements and settl	ement agreements entered into by
virtue thereof and on acco	unt of such injuries	giving rise to such causes of	faction, suits, claims, counter claims,
demands, judgments, settl	ements or settlemen	t agreements and which nece	essitated such hospital care.
064167402-5143			
Amount Claimed:	\$850.00	Date of Admission:	05/23/2005
Date of Injury:	05/23/2005	Date of Discharge:	05/25/2005
claimant's knowledge, as Name:	TOHOWS:	Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
\mathbf{B}	y: Jack Land Land Land Land Land Land Land Land	esentative, UAB/PFS	Hospital Lien Prepared by: Melinda Karr LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510
			County of Jefferson, State of
Alabama, personally appearant that he is the authorized			ne first duly sworn, doth depose and
		the claimant, and as such ha at the same are true and corr	as personal knowledge of the facts set
Subscribed and sworn to b	efore me this 44	day of Jonemker 2005.	
		* * * * * * * * * * * * * * * * * * *	

Notary Public

NOTABLY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2006 BONDED TERU NOTARY PUBLIC UNIVERWENTERS

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