

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 laws of | of the State of Alabama the | at UNIVERSITY | OF ALABAMA |
|---|-------------------------------------|---------------------------------------|------------------------|--|
| HOSPITAL whose address | s is, LNB 450, 619 19 th | ST. S., Birmingham, AL 3 | 5249-6510, which | operates a hospital |
| of the same name at the sa | me address, claims a li | en for the reasonable char | rges of hospital c | are, treatment and |
| maintenance received by: Brett D. Spellman | | of 200 Breezeway Dr Vincent, Al 35178 | | |
| against all causes of action | i, suits, claims, counter | claims and demands acc | ruing to the said | Brett D Spellman |
| or his legal representative, | and against all judgme | ents, settlements and settle | ement agreement | s entered into by |
| virtue thereof and on acco | unt of such injuries giv | ring rise to such causes of | action, suits, cla | ims, counter claims, |
| demands, judgments, settle | ements or settlement a | greements and which nece | essitated such hos | spital care. |
| 000549003-5812 | | | | |
| Amount Claimed: | \$ 1,328.06 | Date of Admission: | 11/08/2005 | |
| Date of Injury: | 11/08/2005 | Date of Discharge: | 11/08/2005 | |
| claimant's knowledge, as Name: | follows: | Name: | | |
| Address: | | Address: | | |
| Name: | | Name: | | |
| Address: | | Address: | | |
| B D | y: | | LNB 450, Birmingham | Prepared by: Melinda Kan 819 19th Street South 1, Alabama 35249-6510 |
| Before me, //se/4 | | tary Public in and for the | | |
| Alabama, personally appears say that he is the authorized | | | | n, doth depose and ledge of the facts set |
| forth in the foregoing state | | | | |
| Subscribed and sworn to b | | | | |

NOTARY PUBLIC STATE OF ALABAMA AT LANGE MY COMMISSION EXPIRES: Jan 22, 2008

BONDED THRU NOTARY PUBLIC UNDERWRITERS