STATE OF ALABAMA OFFICE OF THE JUDGE OF PROBATE COUNTY OF Shelby

20070309000108930 1/1 \$13.00 Shelby Cnty Judge of Probate, AL 03/09/2007 03:54:20PM FILED/CERT

NOTICE OF AMENDED HOSPITAL LIEN

(Amending the lien filed on 1/3/07 with Document # 20070103000001840 and the lien filed on 1/12/07 with Document # 20070112000019340)

Notice is hereby given by Shelby Baptist Medical Center located at 1000 First Street North, Alabaster, AL 35007, operated by Baptist Health System located at 3201 4th South, Birmingham, AL, that Shelby Baptist Medical Center has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

> Clifton W. Hinkle 110 Lay Port Loop Lot 2 Shelby, AL 35143

from 12/20/2006 to 1/16/2007 and that the amount due for the services is \$4,699.00.

The person(s), firm(s), or corporation(s) claimed by the patient or his/her representative to be liable for damages arising from the illness or injuries by the hospital are:

> Cotton States Insurance Claims Office P.O. Box 105303 Atlanta, GA 30348 Claim # 3020000359

A lien is hereby created by the hospital upon any and all actions, claims, counterclaims, and demands accruing to the patient on account of the injuries which necessitated such hospital care and upon all judgments, settlements, and settlement agreements entered into on account of the injuries which necessitated such hospital care, all in accordance with the provisions of Alabama Statutes Annotated §35-11-370, et seq.

Prepared By:

Shelby Baptist Medical Center Sandie Milliken Medical Reimbursements of America, LLC o/b/o Shelby Baptist Medical Center 117 Seaboard Lane, Suite D100 Franklin, TN 37067 (615) 963-3871

Notary Pub

TENNESSEE

NOTARY

STATE OF TENNESSEE COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on Mach 2007\$ TATEN die Milliken, the duly authorized agent/operator of Shelby Baptist Medical Call, for an or Ofe half of sail. hospital.

My Commission Expires: