

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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

STATE OF ALABAMA SHELBYCOUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is, LNB 450, 619 19th ST. S., Birmingham, AL 35249-6510, which operates a hospital of the same name, at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by: Kayla Marie Vo of 3616 Hwy 69, Chelsea, AL 35043, against all causes of action, suits, claims, counter claims and demands accruing to the said Kayla Marie Vo or her legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

and on a	account of such inj	uries giving rise to su	ich causes of a	action, suits,	claims, counter cla	aims, demands,
judgmen	nts, settlements or	settlement agreement	s and which n	ecessitated s	uch hospital care.	
0643643	307-7672					
A	Amount Claimed:	\$6,358.19	Date of	Admission:	06/21/2007	<u>.</u>
Ι	Date of Injury:	06/21/2007	Date of	Discharge:	06/21/2007	
represen		of all persons, firms of son, to be liable for date follows:	-	•	•	, e e e e e e e e e e e e e e e e e e e
Name:	Statefarm		Name:	Lisa Flora		
Address:			Address:			
Name:			Name:			
Address:			Address:			
Alabama	ne, <u>ose</u>	NIVERSITY OF AI y: Say Say uly Authorized Representative for the claims	entative, UAB a Notary Pul oo who being	PFS olic in and for g by me first	LNB 450, 6 Birmingham, r the County of Jer duly sworn, doth	depose and say that
he foreg	oing statement of	lien, and that the same of the	e are true and day of	sorrect.		, 2007.

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS

Notary Public

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