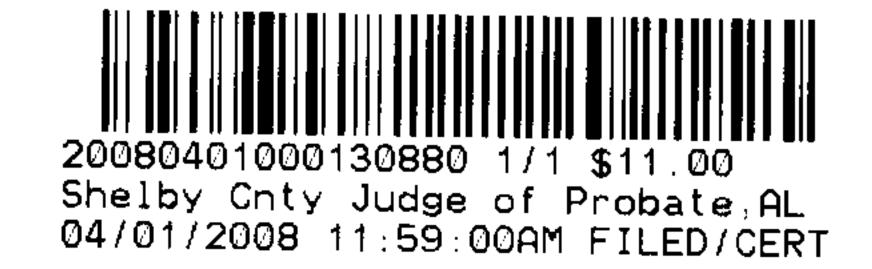
STATE OF ALABAMA)
OFFICE OF THE JUDGE OF PROBATE)
COUNTY OF Shelby)



NOTICE OF AMENDED HOSPITAL LIEN

Amending Hospital Lien filed on 12/29/06 via Doc # 20061229000636820

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 Avenue South, Birmingham, AL 35222, that Shelby Baptist Medical Center has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

Rockette Stokes 5271 Greensboro Drive Montgomery, AL 36108-5390

from 9/1/2006 to 9/1/2006 and that the amount due for the services is \$ 1,868.00.

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 for which the patient received health care services are as follows:

CNA
P.O. Box 139046
Dallas, TX 75313
Claim # 64840425

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 Code Annotated §35-11-370, et seq.

Shelby Baptist Medical Center

Prepared By:

Cindy R. Collins

Medical Reimbursements of America, LLC

STATE

OF

TENNESSEE

NOTARY

PUBLIC

o/b/o Shelby Baptist Medical Center 117 Seaboard Lane, Suite D100

Franklin, TN 37067 (615) 963-3871

STATE OF TENNESSEE COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on March 26, 2008, by Cindy R. Collins, the duly authorized agent/operator of Shelby Baptist Medical Center, for an on behalf of said hospital.

Notary Public

My Commission Expires:

11/201/2008