RELEASE OF HOSPITAL LIEN
UNIVERSITY OF ALABAMA HOSPTIAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510
1-888-309-8435 or 934-6405

In consideration of the payment of the debt therein named, I do hereby release hospital lien against Liah Reid patient, et al., to University of Alabama Hospital, dated February 21, 2008 and which is recorded in Lien Doc#: 20080221000070820 of the records of Probate Judge, Shelby County, State of Alabama.

Account No.: 064418990 8029
Amount Releasing: $246,459.53

Witness my hand this 9th day of May 2008.

University of Alabama Hospital

By: _____
Duly Authorized Representative, UAB/PFS

My Commission Expires 01-22-2012

_____
Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Jan 22, 2012
BONDED THRU NOTARY PUBLIC UNDERWRITERS

Lien Release Prepared by: Nikisha Loftin
LNB 450, 619 19th Street South
Birmingham, AL 35249-6510

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