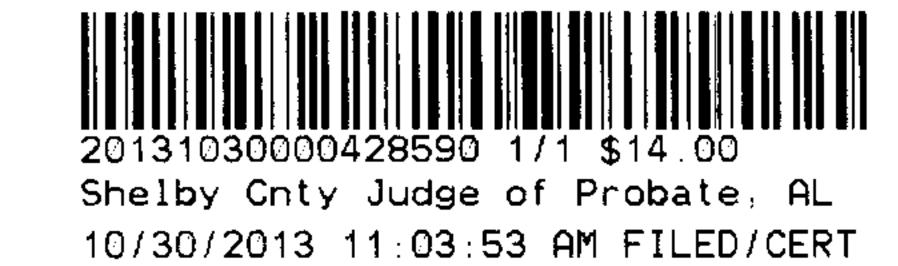
TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



NOTICE OF HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that Health Care Authority of the Baptist Health Foundation, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: Amanda Smith

Address: 195 Salem Road Apt 1a

Columbiana, AL 35115

Admit Date: September 09, 2013 Discharge Date: September 09, 2013

Amount Due: \$5,219.00

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

* Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein

BY: STATE OF MISSISSIPPI COUNTY OF ALCORN The foregoing statement was acknowledged and verified before me this the duly authorized Shelby Baptist 2013, by Medical Center of the above named health care provider for and on behalf of said hospital MY COMMISSION EXPIRES: OF NOTARY PUBLIC ID # 93803 Kimberlee M. Fair LaTONYA A. GLOVER P.O Box 1465 Commission Expires Corinth, MS 38834 Aug. 4, 2017