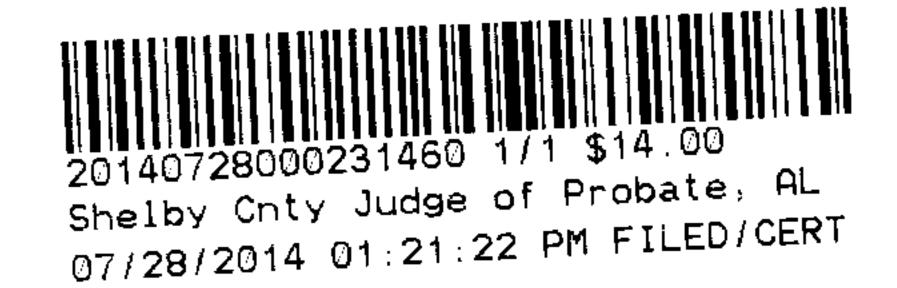
TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



NOTICE OF AMENDED HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., 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:

Venus White

Address:

1631 Cunningham Drive

Columbiana, AL 35080

Admit Date:

5/13/2014

Discharge Date:

5/13/2014

Amount Due:

\$2,243.00

ID # 104665

AMY E. LAMBERT

Commission Expires

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:

ACCC - B0016069-7

P. O. Box 375

Alpharetta, GA 30023

Shelby Baptist Medical Center BY:

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 15 day of

the duly authorized Shelby Baptist Medical Center of the above hamed health care

provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

Kimberlee M. Fair P.O Box 1465 Corinth, MS 38834