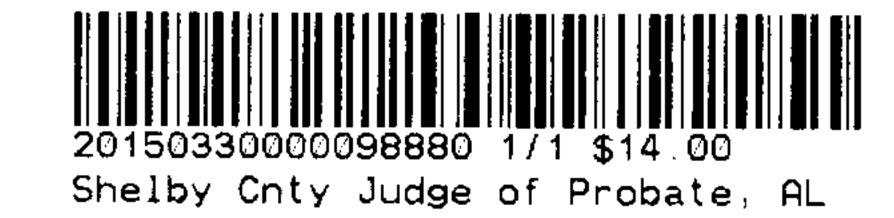
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 205-934-6400



03/30/2015 12:27:04 PM FILED/CERT

STATE OF ALABAMA SHELBY COUNTY

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: Jon Thomas of 904 Turtle Lake Drive, Birmingham, Alabama 35242 against all causes of action, suits, claims, counter claims and demands accruing to the said Jon Thomas or his 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.

on account of such injuries giving	iso to such ourses of action, suits, claims, comment	, , , , , , , , , , , , , , , , , , ,
settlements or settlement agreemer	ts and which necessitated such hospital care.	
064929147-5079		
Amount Claimed: \$21,05	0.81 Date of Admission: 03/20/2015	
Date of Injury: 03/20/	2015 Date of Discharge: <u>03/20/2015</u>	
The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows:		
Name: State Farm Insurance	Name:	
PO Box 106151		
Address: Atlanta, GA 30348	Address:	
Name:	Name:	
Address:	Address:	
Before me, Alabama, personally appeared, Co	Notary Public in and for the County of the Claimant, and as such has personal knowledge at the same are true and correct.	doth depose and say that e of the facts set forth in the