

**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 Baptist Health System, 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: **Darren Hudson**  
Address: **1613 Cunningham Drive**  
**Helena, AL 35080**  
Admit Date: **10/27/2015**  
Discharge Date: **10/27/2015**  
Amount Due: **\$2,706.00**

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:

**Farmers - 3004728345**  
**Po Box 268993**  
**Oklahoma City, Ok 73126**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

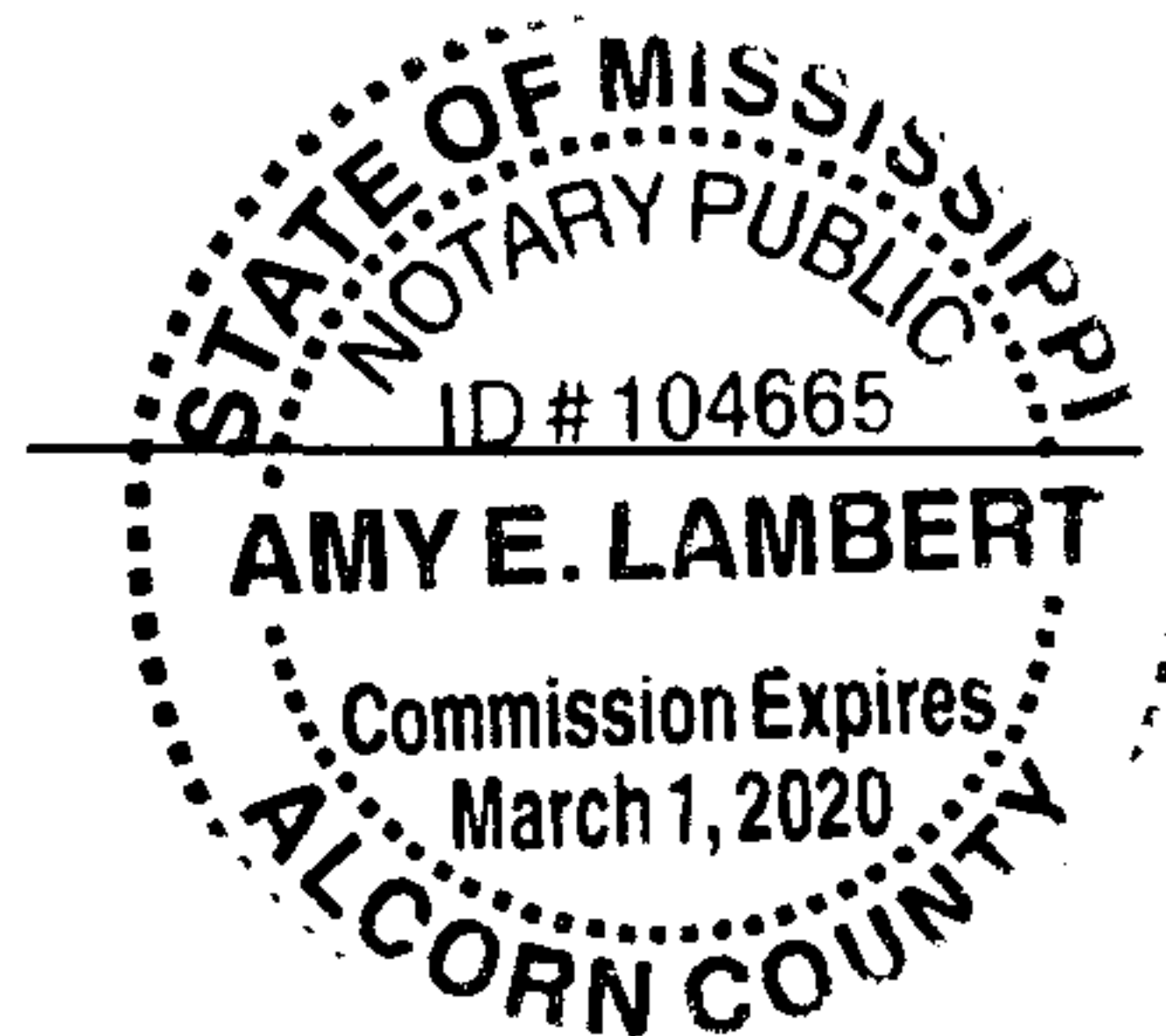
BY:

  
**Shelby Baptist Medical Center**

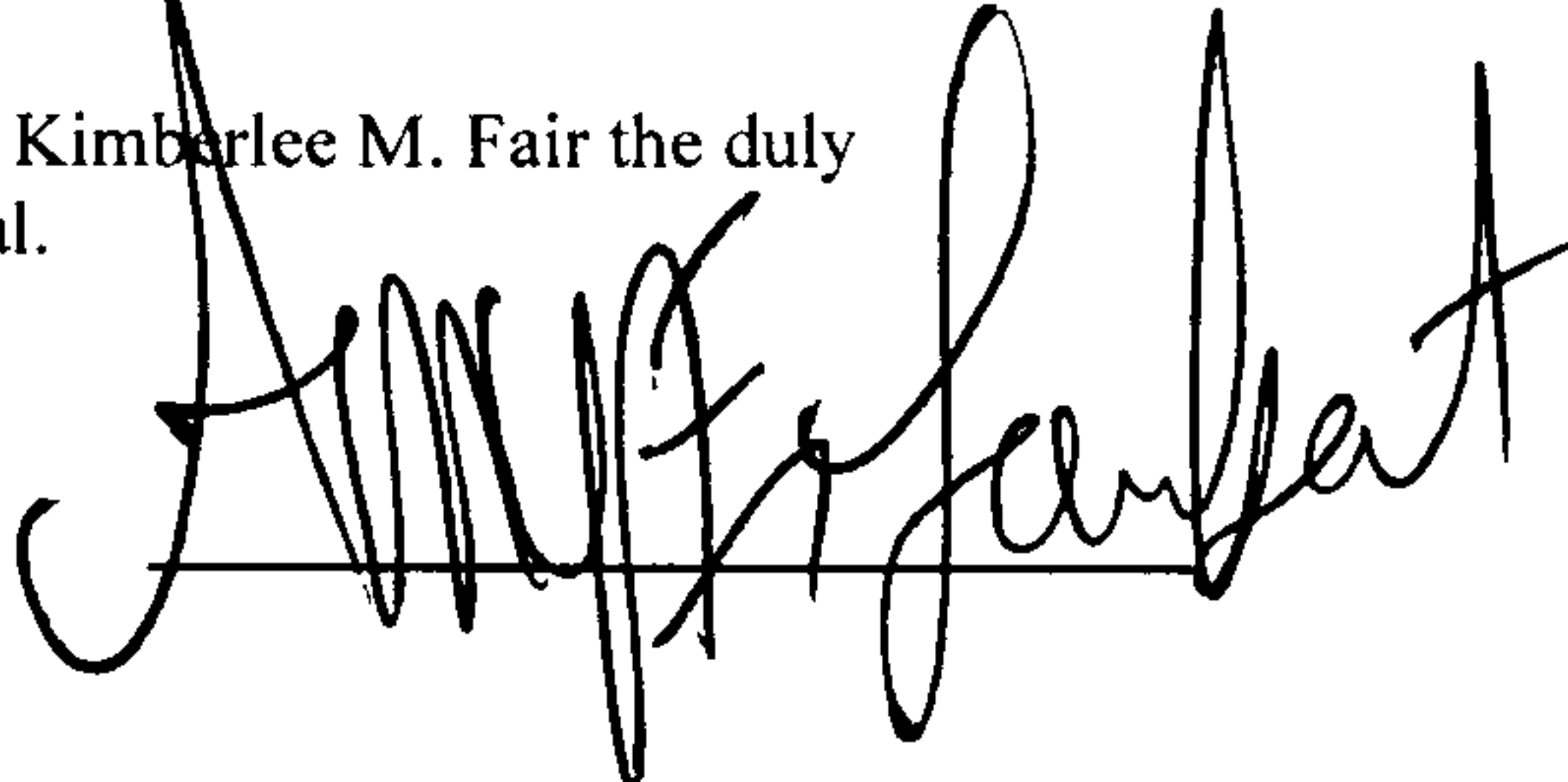
Agent


The foregoing statement was acknowledged and verified before me this May 11, 2016, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



NOTARY PUBLIC



  
20160516000166030 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
05/16/2016 11:57:17 AM FILED/CERT

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