Hour Filed:

STATE OF ALABAMA)

COUNTY OF SHELBY)

Notice is hereby given, as provided by the laws of the State of Alabama, that the Board of Intrustees of the University of Alabama, whose address is University of Alabama at Intrustees of the Unive

Andrea Daniels 515 Hicks St. Apt 5H Montevallo, AL 35115

against all causes of action, claims, counter claims and demands accruing to the said patient, or his or her legal representative, and against all judgments, settlements agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

Amount claimed:

\$10,138.48

Date injury received:

12/20/97

Date of admission into hospital: 12/20/97

Date patient discharged from hospital 12/21/97

The names and address 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 claimant's knowledge, as follow:

| University of Alabama Hospital | |
|--------------------------------|--|
| (Claimant) | |

| Alabama, personally appeared_before me <u>Yolar</u> depose and say that he (she) is the claimant of | blic in and for the County of <u>Jefferson</u> . State of <u>Inda Rich</u> , who being by me first sworn, dother <u>Manager</u> , for the claimant, and as such has foregoing statement of lien, and that the same are (Affaint) |
|---|--|
| SUBSCRIBED and sworn to before me this the | } |
| Date Filed: | (Notary Public) |

MY COMMISSION ENFIRES SEPTEMBER 22, 1986