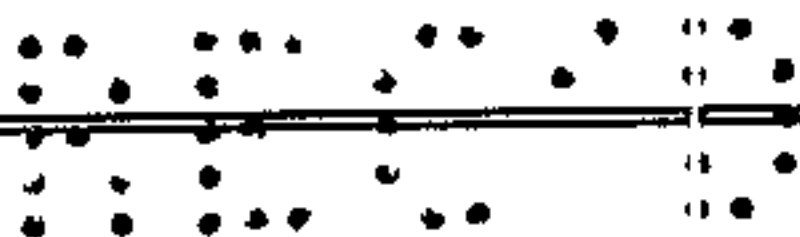


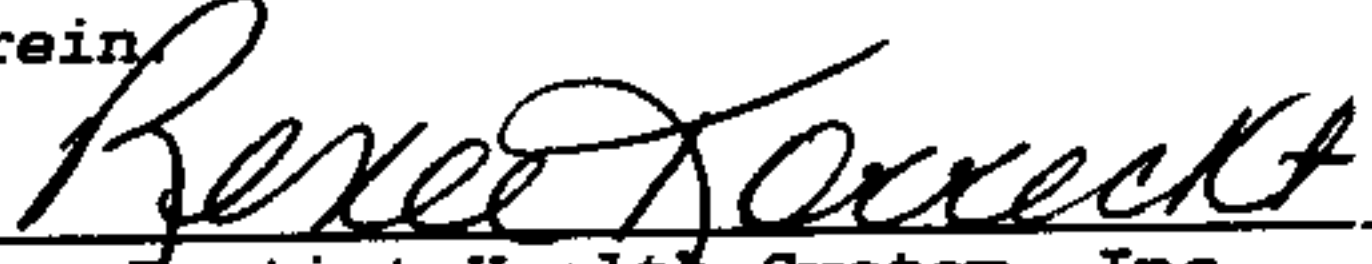
Lienholder: Baptist Health System, Inc. Patient: OWEN DAVIS Lien Amount: \$662.00	<div style="text-align: center;">  STATEMENT OF HOSPITAL LIEN Ala. Code §5-11-371(1975) </div>

NOTICE IS HEREBY GIVEN, that Baptist Health System, Inc. SHELBY facility in Alabama, claims a lien for its reasonable charges incurred in the care, treatment, and maintenance of the above patient. This lien is claimed upon any and all actions, claims, counterclaims, and demands accruing to this patient, or their legal representative, and upon all judgments, settlements, and settlement agreements entered into by virtue thereof on account of the injuries giving rise to such actions, claims, counterclaims, demands, judgments, settlements or settlement agreements, which necessitated such care, treatment or maintenance.

Patient Address: 4351 JOLLY ROAD BESSEMER, AL 35022
 Date of Injury: 1/18/01
 ACCOUNT # 33394560

Claimant avers upon information and belief that the following persons, firms or corporations are or may be claimed by the patient to be liable for damages arising from his/her injuries:

*Under Alabama Code Section 35-11-37 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not they are named herein.


 Renee Korreckt
 Baptist Health System, Inc.

State of Alabama)
 Jefferson County)

Personally appeared before me the undersigned Notary Public in and for said County and State, RENEE KORRECKT who being known to me did execute the above Statement of Hospital Lien in my presence and furthermore having been first duly sworn did upon oath state that (s)he executed the same with full authority and as the act of Baptist Health System, Inc.

Done this 9TH day of February, 2001


 Pamela S. Carr
 Notary Public

COMMISSION EXPIRES: 9-15-04

Inst # 2001-06127

02/22/2001-06127
 10:23 AM CERTIFIED
 SHELBY COUNTY JUDGE OF PROBATE
 001 AMB 11.00