

## NOTICE OF HOSPITAL LIEN EASTERN HEALTH SYSTEM, INC. D.B.A. MEDICAL CENTER EAST 50 Medical Park East Drive, Birmingham, AL 35235

STATE OF ALABAMA
SHELBY COUNTY

Notice is hereby given, as provided by the la				
SYSTEM, INC. D.B.A. MEDICAL CENTE				
Birmingham, Alabama, which operates a hor for the reasonable charges of hospital care, to	<del>-</del>			
HATHRYN PARISH ofof				
against all causes of action, suits, claims, co				•
KATHRYN PARISIA or his legal re				
settlement agreements entered into by virtue		_		
causes of action, suits, claims counter claims				
agreements and which necessitated such hos	spital care.			
Amount claimed: 241.00	Date of admission: 5-14-02			
Date of injury: 5-14-02	Date of di	scharge:	-14-02	
The names and addresses of all persons, firn legal representative of such person, to be lial of the claimant's knowledge, as follows:	<b>—</b>		_	
Name: A/6	Name:	AUTO G	WNERS.	
CLM# 02090856	_ <del></del>			
			CK RIDGE	
			AM, AL 35	
Name: JEREMY FIELDS	Name:	DAUID	RFIELD	<u>5</u>
Address: 158 E BINE ST	Address:	158 5	PINE ST	<del></del>
FAULK VILLE, AL 35622	_ 11444	FAULK	VILLE, F	72 35622
EASTERN HEALTH  By: Jeslie Del  Leslie Pennington	)			ENTER EAST
Before me, TINA McClaran, Alabama, personally appeared Leslie Penningsay that she is the authorized representative facts set forth in the foregoing statement of Subscribed and sworn to before me this 2/	ngton, who for the clail lien, and th	being by me mant, and as at the same a	first duly sworr such has person re true and corre	n, doth depose and nal knowledge of the
	Rim	a Mcc	anan)	
	Notary Pu		Tina McCla	aran
			Notary Pu	iblic n Exnires
			My Commission April 17, 2	2005