STATE OF ALABAMA
COUNTY OF: Shelby

Account No: 26089953

Notice is hereby given, as provided by the laws of the State of Alabama that Carraway Methodist Medical Center, whose address is 1600 Carraway Boulevard, Birmingham, AL.,35234, operating Carraway Methodist Medical Center at 1600 Carraway Boulevard, Birmingham, AL. 35234, claims lien for reasonable charges for hospital care, treatment, and maintenance necessitated by injuries received by **William Lee Hendrix, of P O Box 520, Calera, Alabama, 35040**
Against all causes of action, suits, claims, counter claims, and demands accruing to the said **William Lee Hendrix,** of his or her 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.

26089953, ,
Amount claimed: $25,380.00
Date of injury received: 2/11/01
Date of admission into hospital: 2/11/01

Date patient discharged from hospital: 2/13/01

The names and addresses of all persons, firms, or corporations claimed by such injured person, 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:

Carraway Methodist Medical Center
(Claimant)

Before me, the undersigned, a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared Sara Burch, the Patient Accounts Clerk for the claimant, and such has personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct.

Sara Burch
Sara Burch, Affiant

Subscribed and sworn to before
me on this the 31st day of
July, 2003, by said affiant.

Notary Public

My Commission Expires May 6, 2006

This instrument was prepared by
Sara Burch
On behalf of Carraway Methodist
Medical Center, 1600 Carraway Blvd.,
Birmingham, AL. 35234