200401120000019590 Pg 1/1 11.00 Shelby Cnty Judge of Probate, AL 01/12/2004 12:56:00 FILED/CERTIFIED

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL UNIVERSITY OF ALABAMA HOSPITAL LNB 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY COUNTY

ALABAMA HOSPITAL whose address which operates a hospital of the same na of hospital care, treatment and maintenant 275 County RD 888. Semison	is LNB 450, 619 19 th ST. S., Birmingham, AL 35249-6510, me at the same address, claims a lien for the reasonable charges nce received by: KAMMONG HENDERSON of against all causes of action, suits, claims, the said KAUMONG HENDERSON or his legal representative.
and against all judgments, settlements are account of such injuries giving rise to su	nd settlement agreements entered into by virtue thereof and on ch causes of action, suits, claims, counter claims, demands, eements and which necessitated such hospital care.
Amount claimed: 4,226.7 Date of injury: 1/5/04	Date of admission: //6/04 Date of discharge: //6/04
	firms or corporations claimed by such injured person, or the legal e for damages arising from such injuries are, to the best of the
Name:	Name:
Address:	Address:
Name:	Name:
Address:	Address:
UNIVERSITY OF By: Jack D Paul D. Burchfiel,	ALABAMA HOSPITAL - Mully Director PFS
Alabama, personally appeared Paul D. B	//, a Notary Public in and for the County of Jefferson, State of urchfiel, who being by me first duly sworn, doth depose and say or the claimant, and as such has personal knowledge of the facts in, and that the same are true and correct.
	Notary Public

My Commission Expires February 20, 2005