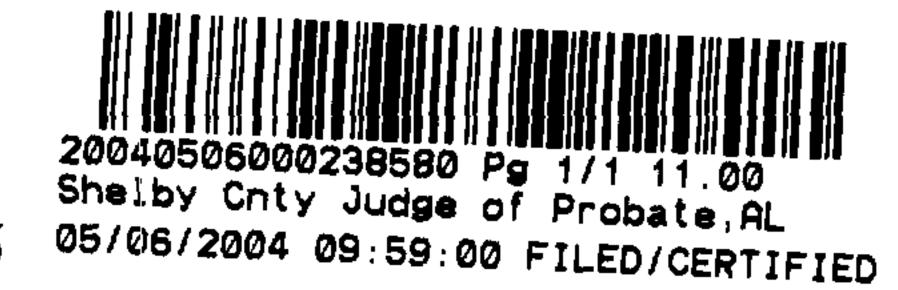
NOTICE OF HOSPITAL LIEN ST CLAIR REGIONAL HOSPITAL

2805 Dr. John Haynes Dr.

Pell City, AL 35125



STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that ST CLAIR REGIONAL HOSPITAL, whose address is 2805 Dr. John Haynes Dr.; Pell City, Alabama, 35125, which operates a hospital of the same name at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by DAVID P HARRIS of PO BOX 25 WEAVER AL 36277 against all causes of action, suits, claims, counter claims and demands accruing to the said DAVID P HARRIS or his legal representative, and against all judgements, 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, judgements, settlements or settlement agreements and which necessitated such hospital care.

A	Amount Claimed:	\$1,068.05	Date of Admission:	04/18/2004	4-19-2004
I	Date of Injury:	04/18/2004	Date of Discharge:	04/18/2004	4-19-2004
A	Account #:	50410900205 5 0 4	£11000405		
epresentativ		o be liable for dama;	orporations claimed by such ges arising from such injur	•	•
Nam	e: FARMERS IN	IS	Name:		
	POLICY # 165943189			<u> </u>	<u> </u>
	s: 112 E 7 TH ST	<u> </u>	Address:		
	ANNISTON A	AL 36201			
Name	e:		Name:		
Addres	s:		Address:		
			ST. CLAIR REGION By: Cura Tina McClaran		
tate of Alabathe the authoriance of the authoriance of the state of th	ama, personally ap zed representative tement of lien, and	peared Tina McClar for the claimant, and	, a Notary Public in an ran, who being first duly swith as such has personal know ue and correct. Subscribed	vorn, doth depo wledge of the fa	ose and say that she acts set forth in the
			Notary Public	ander	