NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELRY COUNTY

	hereby given, as	provided by the laws	of the State of	of Alabama th	nat UNIVERSITY OF ALABAMA	
HOSPITA	L whose addres	s is, LNB 450, 619 19 th	^h ST. S., Birm	ingham, AL 3	35249-6510, which operates a hos	pital
of the sam	ne name at the sa	me address, claims a	lien for the re	easonable cha	erges of hospital care, treatment a	and
maintenar	nce received by:	Joshua Rennow		of 735 Pine Rd. Pell City, AL 35125		
against al	causes of action	n, suits, claims, counte	er claims and	demands acc	ruing to the said Joshua Renno	W
or his lega	al representative,	, and against all judgn	nents, settlem	ents and sett	ement agreements entered into b	y
virtue the	reof and on acco	unt of such injuries gi	ving rise to s	uch causes o	f action, suits, claims, counter cla	aims,
demands,	judgments, settl	ements or settlement a	agreements as	nd which nec	essitated such hospital care.	
06415450	5-5597					
Amount Claimed:		\$15,856.68	Date of	f Admission:	04/07/2005	
Date of Injury:		04/07/2005	Date of Discharge:		04/09/2005	
representa	tive of such pers knowledge, as	son, to be liable for da follows:	-		such injured person, or the legal njuries are, to the best of the	
Ivallic.	CL #05-576385.	gressive Insurance Company #05-5763853		40 Saddle Way		
Address: 2100 Riverc			Address:	Harpersville, AL 35078		
	Bldg 100 Ste 110					
Name:	Birmingham, AL 35244		Name:	Farmers Insurance CO.		
				CL# 501660		
Address:			Address:	5511 Highw	ay 280 Bham, AL 35242	
Alabama, say that he forth in th	personally appears the authorized foregoing states	y:avea No ared, Mark D. Ga	entative, UAI tary Public in rst where claimant, a the same are	B/PFS n and for the ho being by rand as such he true and cor		and

Notary Public MY COMMISSION EXPIRES: Jan 22, 2008
SONDED THESE NOTARY PUBLIC UNDERWESTERS