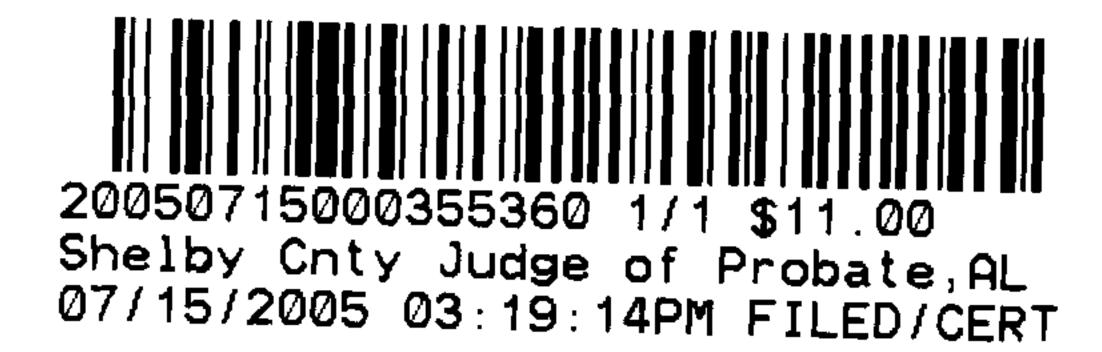
## NOTICE OF HOSPITAL LIEN EASTERN HEALTH SYSTEM, INC. D.B.A. MEDICAL CENTER EAST HOSPITAL 50 MEDICAL PARK EAST DRIVE, BIRMINGHAM, ALABAMA 35235

STATE OF ALABAMA SHELBY COUNTY



Notice is hereby given, as provided by the laws of the State of Alabama that EASTERN HEALTH SYSTEM, INC D.B.A. MEDICAL CENTER EAST HOSPITAL, whose address is 50 Medical Park East Dr., Alabama 35235, 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 **Julia Abernathy of 1218 Meadows Drive**, **Birmingham**, **Al 35235** against all causes of action, suits, claims, counter claims and demands accruing to the said **Julia Abernathy** or his 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, demand judgments, settlements, or settlement agreements and which necessitated such hospital care.

Account #: Amount Clain	M0518900880 ned: \$772.00	Date of Injury: Date of Admission: Date of Discharge:	07.08.2005       07.08.2005       07.08.2005	
	person, to be liable for d	*	such injured person, or the legal injuries are, to the best of the	
Name: _unknown Claim #: Address:		Name: Claim #: Address:	Claim #:	
Name: Claim #: Address:		Name: Claim #: Address:	Claim #:	
EASTERN HEALTH SYSTEM, INC. D.B.A  MEDICAL CENTER EAST HOSPITAL  By:				
Alabama, personally authorized representation foregoing statement of	appeared Donna Kelly, we tive for the claimant, and of lien, and that the same	who being first duly sworn, or such has personal knowled	nd for the County of Jefferson, State of doth depose and say that she is the lige of the facts set forth in the ribed and sworn to before me this	

Jona Manage

Tina McClaran, Notary Public My commission expires on 4/17/09