

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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

STATE OF ALABAMA SHELBY COUNTY

Notice is	hereby given, as	provided by the law	s of the State of Alabama th	nat UNIVERSITY OF ALABAMA
HOSPITA	L whose address	s is, LNB 450, 619 19) th ST. S., Birmingham, AL 3	35249-6510, which operates a hospital
of the san	ne name at the sa	me address, claims a	lien for the reasonable cha	arges of hospital care, treatment and
maintenance received by: Mark C Middlebrooks			ks of 1708	Heatherbrook Rd Bham, AL 35242
against al	l causes of action	n, suits, claims, coun	ter claims and demands acc	ruing to the said Mark Middlebrooks
or his lega	al representative,	and against all judg	ments, settlements and settl	lement agreements entered into by
virtue the	reof and on acco	unt of such injuries g	giving rise to such causes of	f action, suits, claims, counter claims,
				essitated such hospital care.
06419444				
Amount Claimed: \$151,376.69		Date of Admission:	08/27/2005	
Da	ate of Injury:	08/27/2005	Date of Discharge:	09/07/2005
representa		son, to be liable for d	_	such injured person, or the legal injuries are, to the best of the
Name:	PROGRESSIVE INSURANCE CO		Name:	
	CL#05657928	87		
Address:			Address:	
BLDG 100 STE 110				
Name:	BIRMINGHAM	, AL 35244	Name:	
Address:			Address:	
say that he forth in th	personally appeared is the authorized foregoing states	y:	arst who being by n	<u></u>

MOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS

Notary Public