

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 laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is, LNB 450, 619 19th ST. S., Birmingham, AL 35249-6510, 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: Leslie Coffman of 3197 Bradford Place. Birmingham. AL 35242.

			rd Place, Birningham, AL 33242,
			ruing to the said Leslie Coffman or
his legal representative, an	d against all judgmen	ts, settlements and settlem	ent agreements entered into by virtue
thereof and on account of	such injuries giving ri	se to such causes of action	n, suits, claims, counter claims,
demands, judgments, settle	ements or settlement a	greements and which nec	essitated such hospital care.
064300720-6279			
Amount Claimed:	\$23,206.13	Date of Admission:	10/06/2006
Date of Injury:	10/06/2006	Date of Discharge:	10/07/2006
The names and addresses of representative of such personant's knowledge, as	son, to be liable for da	r corporations claimed by mages arising from such i	such injured person, or the legal njuries are, to the best of the
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
B D	y: Sartara uly Authorized Repres	ABAMA HOSPITAL Option entative, UAB/PFS	
			for the County of Jefferson, State of
-			by me first duly sworn, doth depose
			ch has personal knowledge of the facts
set forth in the foregoing solutions and sworn to be	statement of lien, and sefore me this //	day of etalle	correct, 2006
	NI	Dublic Land	Lu—

Notary Public

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