

RELEASE OF HOSPITAL LIEN
UNIVERSITY OF ALABAMA HOSPITAL
LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510
1-888-309-8435 or 934-6405

In consideration of the payment of the debt therein named, I do hereby release hospital
lien against Michael B McNeal patient, et al., to University of Alabama Hospital, dated
09/06/2006 and which is recorded in Document 20060906000439010 of the records of
Probate Judge, Shelby County, State of Alabama.

Account No.: 064237422-6045
Amount Releasing: \$32,622.72

Witness my hand this 18th day of January 2008.

University of Alabama Hospital

By: [Signature]
Duly Authorized Representative, UAB/PFS

My Commission Expires 01-22-2008

[Signature]

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

Lien Release Prepared by: Donna Israel
LNB 450, 619 19th Street South
Birmingham, Alabama 35249-6510

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