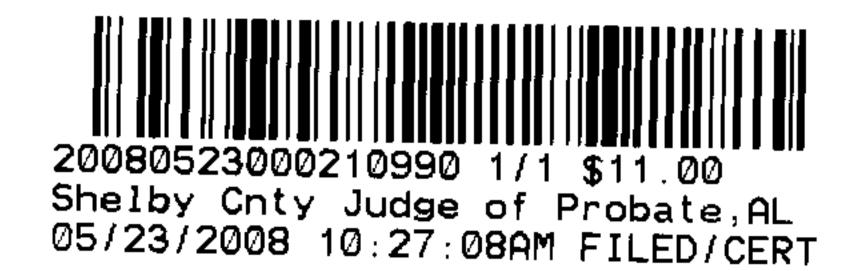
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405



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: Macie M Simpson of 20100 Hwy 139, Brierfield, AL 35035, against all causes of action, suits, claims, counter claims and demands accruing to the said Macie M Simpson or her 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, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

064443231 8127

Amount Claimed: \$155,837.31	Date of Admission:	05/06/2008
Date of Injury: 05/06/2008	Date of Discharge:	05/15/2008
The names and addresses of all persons, firms or representative of such person, to be liable for darknowledge, as follows:	_	
Name: State Farm	Name:	
Address: Birmingham AL 35283	Address:	
Clyn# 017855920 Name:	Name:	
Address:	Address:	
Before me, Osetta Duly Authorized Representative for the claimant foregoing statement of lien, and that the same at Subscribed and sworn to before me this 212	entative, UAB/PFS a Notary Public in and form oo who being by me first, and as such has personal	duly sworn, doth depose and say that she
	Estta G	u
Notary	Public /	

NOTARY PUBLIC STATE OF ALABAMA AT LARGE

MY COMMISSION EXPIRES: Jan 22, 2012

BONDED THRU NOTARY PUBLIC UNDERWRITERS

3759