NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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

STATE OF ALABAMA SHELBY COUNTY

AMENDED LIEN: INSTRUMENT 20080213000059080

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: Kenny McCrory of 200 Hwy 101, Sterrett, Al 35147, against all causes of action, suits, claims, counter claims and demands accruing to the said Kenny McCrory 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, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

judgments, settlements or settlement agreements and which necessitated such hospital care. 064419768-8031, 8043, 8141, 8202, 8223, 8265 Amount Claimed: \$90,410.18 Date of Admission: 02/01/08, 02/15/08. 05/23/08, 07/21/08, 08/11/08, 09/22/08 Date of Injury: 01/31/2008 Date of Discharge: 02/04/08, 02/17/08, 05/23/08, 07/21/08, 08/11/08, 09/22/08 The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows: Name: Name: Address: Address: Name: Name: Address: Address: UNIVERSITY OF ALABAMA HOSPITAL Hospital Lien Prepared by: Donna Israel LNB 450, 619 19th Street South Duly Authorized Representative, UAB/PFS Birmingham, Alabama 35249-6510 onna J. Sweatman a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, Lee Hawker who being by me first duly sworn, doth depose and say that he is the authorized representative for the claimant, and as such has personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct.

Subscribed and sworn to before me this _____ day of _____ 2008.

Notary Public State of Alabama at Large MY COMMISSION EXPIRES: Sept 12, 2011 BONDED THRU NOTARY PUBLIC UNDERWRITERS