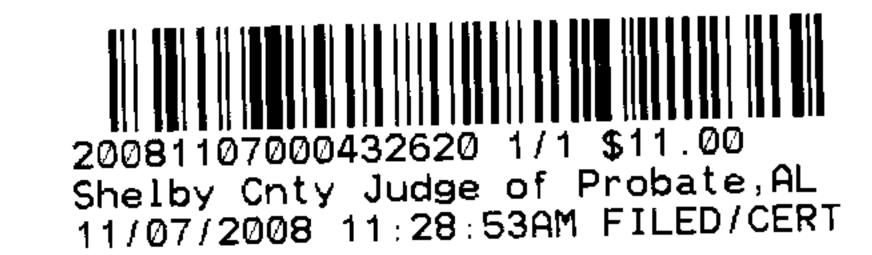
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL



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: Andy Dewayne Woods of 81 Co Rd 853, Montevallo, AL 35115, against all causes of action, suits, claims, counter claims and demands accruing to the said Andy Dewayne Woods or his legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and

on account o	of such injuries	s giving rise to su	ich causes of action, suits, c	laims, counter claims,	, demands, judgments,
settlements of	or settlement a	greements and w	hich necessitated such hosp	oital care.	
064487358	8302				
Amount Claimed:		\$26,030.92	Date of Admission	on: 10/28/2008	
Date	of Injury:	10/28/2008	Date of Discharg	ge: 10/29/2008	•
	ve of such pers	-	ms or corporations claimed or damages arising from su		
Name:	į		Name:		
Address:			Address:		· · · · · · · · · · · · · · · · · · ·
Name:			Name:		
Address:			Address:		
Alabama, per is the author	ersonally appearized represent	ared, Barbara D ative for the claim of that the same this No.	epresentative, UAB/PFS a Notary Public in an onahoo who being by me mant, and as such has persone are true and correct. day of	d for the County of Jestirst duly sworn, doth anal knowledge of the	depose and say that she
			MY COMMISSION EXPIRES: Jan BONDED THRU NOTARY PURILICULAR		

BONDED THRU NOTARY PUBLIC UNDERWRITERS