

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: Mark Laney of 34 Hanna Drive, Vincent, AL 35178, against all causes of action, suits, claims, counter claims and demands accruing to the said Mark Laney 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.

agreeme	nts and which nec	essitated such hos	spital care.	
0644873	16 8302			
Amount Claimed:		\$8,399.99	Date of Admission:	10/28/2008
Date of Injury:		10/28/2008	Date of Discharge:	11/20/2008
represent			_	such injured person, or the legal njuries are, to the best of the claimant's
Name:	Progressive		Name:	
	2100 Riverchase Ctr; Ste 110			
Address:	Birmingham, AL 35244		Address:	
	Clm# 081939980			
Name:	Attn.: Reta Gunr	1	Name:	
Address:	· · · · · · · · · · · · · · · · · · ·		Address:	
Alabama, is the autiforegoing	e, <u>ose</u> personally appea horized represent statement of lier	ared, Barbara Do ative for the claim efore me this	nahoo who being by me first	

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jun 22, 2012

BONDED THRU NOTARY PUBLIC UNDERWRITERS

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