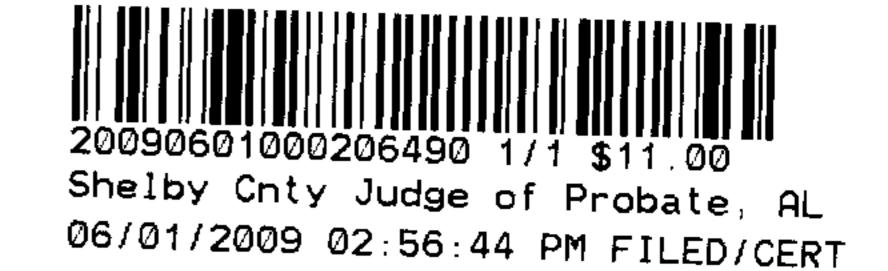
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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: Damien J. Lee of 2539 Central Avenue, Birmingham, AL 35206, against all causes of action, suits, claims, counter claims and demands accruing to the said Damien J. Lee 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.

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064540867.9643			
Amount Claimed	: \$12,796.20	Date of Admission:	05/22/2009
Date of Injury:	05/17/2009	Date of Discharge:	05/22/2009
The names and addresses representative of such pe knowledge, as follows:	of all persons, firms rson, to be liable for	or corporations claimed by damages arising from such in	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, Melvin Alabama, personally appe	By: Day Duly Authorized Representative for the claimanten, and that the same	ahoo who being by me first nt, and as such has personal l are true and correct.	Hospital Lien Prepared by: Nikisha Loftin L450, 619 19 th Street South Birmingham, AL 35249 r the County of Jefferson, State of duly sworn, doth depose and say that she knowledge of the facts set forth in the
Subscribed and Sworn to			
		nelvin D. Case	· 1
		ry Public	
	•	11/21/2010	

My Commission Expires

