

LIENHOLDER:

GREYSTONE NEUROLOGY AND PAIN CENTER
7500 HUGH DANIEL DRIVE SUITE 250
BIRMINGHAM, ALABAMA 35242

STATEMENT OF PHYSICIAN LIEN:
Ala Code 35-11-371 (1975)

LIEN AMOUNT: _\$690.00

Notice is hereby given, that Greystone Neurology and Pain Center – 7500 Hugh Daniel Drive, Suite 250, Birmingham, Alabama 35242, claims a lien for its reasonable charges incurred in the care, treatment and maintenance of the above patient. This lien is claimed upon any and all actions, claims counterclaims, and demands accruing to this patient, or their legal representative, and upon all judgments, settlements and settlement agreements entered into by virtue thereof on account of the injuries giving rise to such action, claims, counterclaims, demands, judgment settlements or settlement agreements which necessitated such care, treatment or maintenance.

DATE OF ACCIDENT: _____12/11/2006_____
DURATION OF TREATMENT:01/29/07-08/13/08

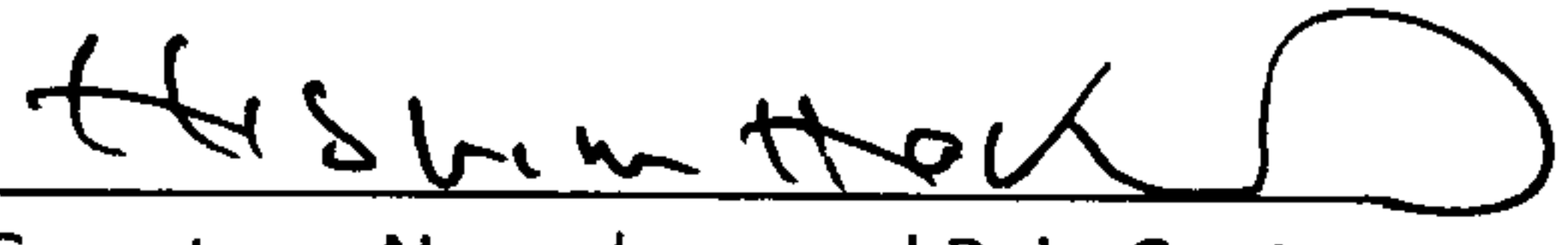
PATIENT: _Rula Hunaidi
ADDRESS: 921 Ryecroft Rd.
Pelham, AL 35124

NUMBER OF VISITS: ____6_____

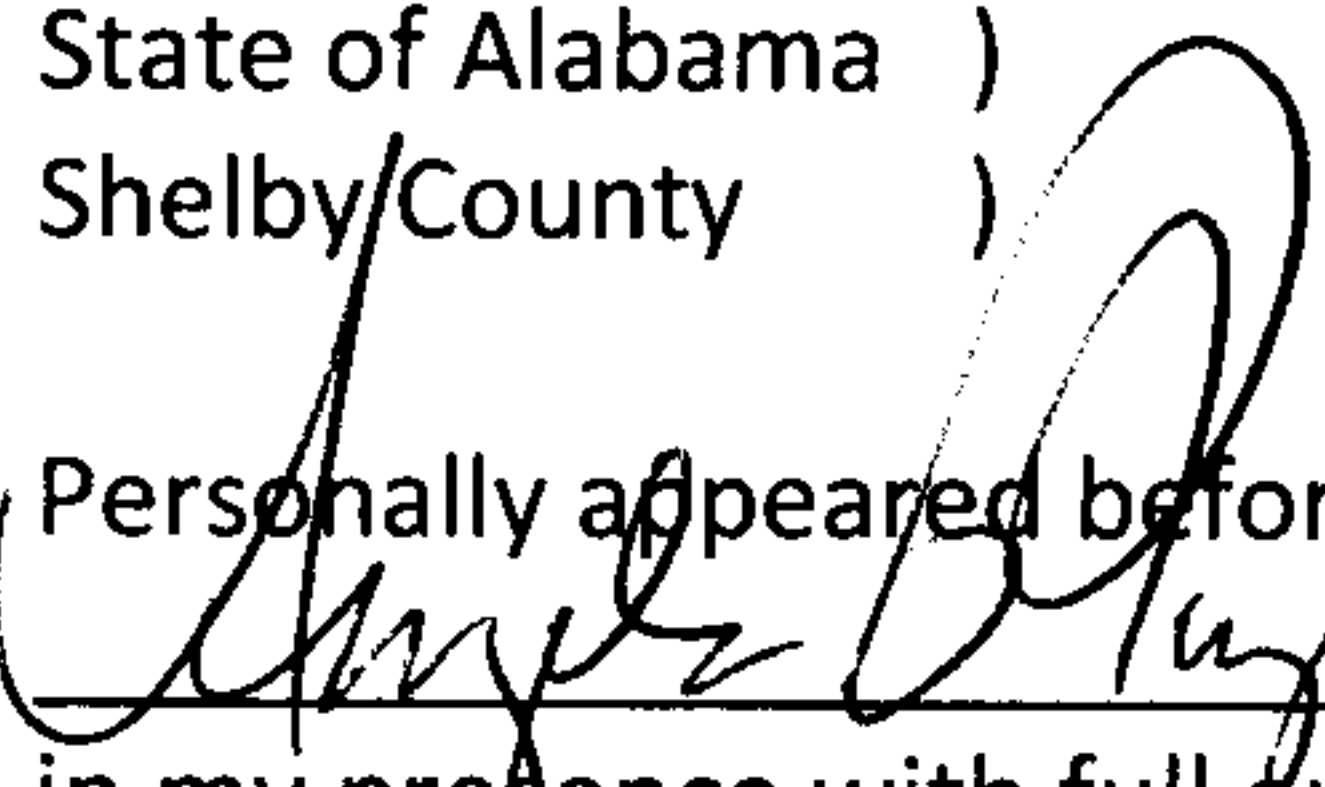
Claimant avers upon information and belief that the following persons, firms or corporation are or may be claimed by the patient to be liable for damages arising from his injuries:

INSURANCE COMPANY OR ATTORNEY NAME: Huel M. Carter
ADDRESS: P.O. Box 538
Fultondale, AL 35068

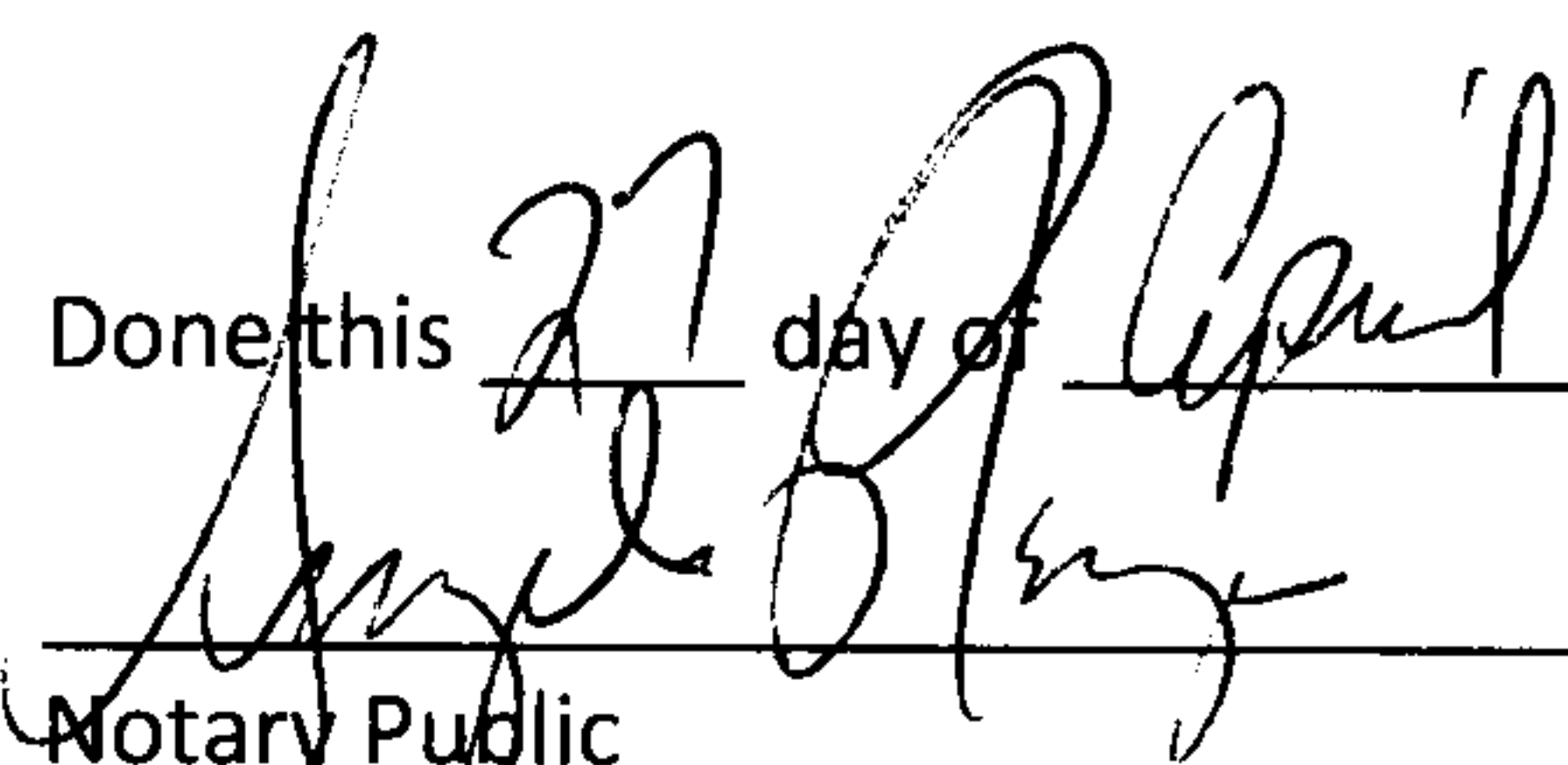
Under Alabama Code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not they are named herein.


Greystone Neurology and Pain Center

State of Alabama)
Shelby County)


Personally appeared before me the undersigned Notary Public in and for said County and State, _____ who being known to me did execute the above Statement of Physician Lien in my presence with full authority and as the act of Greystone Neurology and Pain Center.

Done this 27 day of April, 2009.


Notary Public