

RELEASE 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

In consideration of the payment of the debt therein named, I do hereby release hospital
lien against Melissa D. Ray patient, et al., to University of Alabama Hospital, dated
March 5, 2008 and which is recorded in Document# 20080305000090450 of the records
of Probate Judge, Shelby County, State of Alabama.

Account No.: 064415111.8013, 8052
Amount Releasing: \$177,877.78

Witness my hand this 23rd day of October 2009.

University of Alabama Hospital

By: [Signature]
Duly Authorized Representative, UAB/PFS

Lien release completed by: Barbara Donahoo
619 19th Street South, LNB 450
Birmingham, AL 35249

[Signature: Donna J. Sweatman]
Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Sept 12, 2011
BONDED THRU NOTARY PUBLIC UNDERWRITERS

My Commission Expires _____