

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 Joel Glenn patient, et al., to University of Alabama Hospital, dated
April 21, 2009 and which is recorded in Document# 20090421000145660 of the records
of Probate Judge, Shelby County, State of Alabama.

Account No.: 064529924.9103
Amount Releasing: \$31,901.83

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]
Notary Public

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

My Commission Expires _____

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