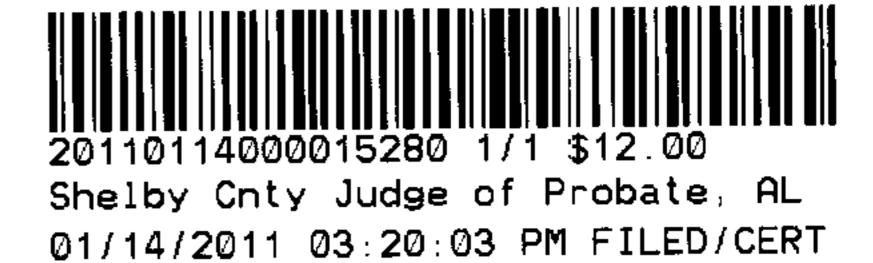
TO: Shelby County Probate Office

P.O Box 825

Columbiana, AL 35051



NOTICE OF HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division15, Code of Alabama, 1975, notice is hereby given that the HEALTH CARE AUTHORITY of the CITY of HUNTSVILLE, whose address is 101 Sivley Road, Huntsville, AL 35801, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:

Christopher Anthony Hudson

Address:

11251 Highway 42

Shelby, AL 35143

Admit Date:

October 23, 2010

Discharge Date:

October 28, 2010

Amount Due:

\$ 180,577.58

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

* 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.

PREPARED BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN

MY COMMISSION EXPIRES:

LATONYA A GLOVER
Commission Expires