JULIE P. MAGEE
Commissioner

State of Alabama
Department of Revenue

(www.revenue.alabama.gov)
50 North Ripley Street
Montgomery, Alabama 36132

December 7, 2011

Letter Id: L0749231168

CYNTHIA UNDERWOOD
Assistant Commissioner

MICHAEL E. MASON
Deputy Commissioner

CERTIFICATE OF LIEN FOR TAXES

STATE OF ALABAMA
vs.
HOSPITAL EQUIPMENT & HOME NUTRITIONAL THERAPY INC
PO BOX 69
PELHAM, AL 35124-0069

SSN/EIN: XX-XXX0227
Type of Tax: Withholding Tax
Tax Period(s): CY 2008
Account Number: WTH-0000254842
Lien Number: 198973952

Filed with: **Shelby County**

Amount of Lien: $755.23

As provided by §40-1-2 and §40-29-20, et seq., Code of Alabama 1975, the Alabama Department of Revenue certifies that the above-named Taxpayer is indebted to the Department of Revenue in the above amount. The State claims a lien upon all property and rights to property belonging to said Taxpayer.

PROBATE JUDGE: Please record one copy of this tax lien in the real property records. Return one copy with endorsement and recording data to the Department of Revenue, Collection Services Division, PO Box 327820, Montgomery, AL 36132-7820. Phone: 334-242-1220 Fax: 334-242-8342

SECRETARY OF STATE: Please record this tax lien in your UCC records. Return one copy with recording data to the Department of Revenue, Collection Services Division, Room 3143 Gordon Persons Building.

ALABAMA DEPARTMENT OF REVENUE