

**NOTICE OF HOSPITAL LIEN**  
**BAPTIST HEALTH SYSTEMS**  
**833 Princeton Avenue SW, suite 300, Birmingham, AL 35211**

**STATE OF ALABAMA**  
**SHELBY COUNTY**

Notice is hereby given, as provided by the laws of the State of Alabama that **BAPTIST HEALTH SYSTEMS** whose address is 833 Princeton Avenue SW, suite 300, Birmingham, AL 35211, which operates **Shelby Baptist Medical Center**, located at 1000 First Street North, Alabaster, AL 35007, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by **Kim Dykes** of **72 Hwy 400, Shelby, AL 35143**, against all causes of action, suits, claims, counter claims and demands accruing to the said **Kim Dykes** or her legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

Amount claimed: \$21,120.00  
Date of injury: 08/06/12

Date of admission: 08/20/12  
Date of discharge: 08/23/12

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

Name: Foremost Insurance cl# 8936741  
Address: PO Box 2739 Grand Rapids, MI 49501

Name: N/A  
Address:

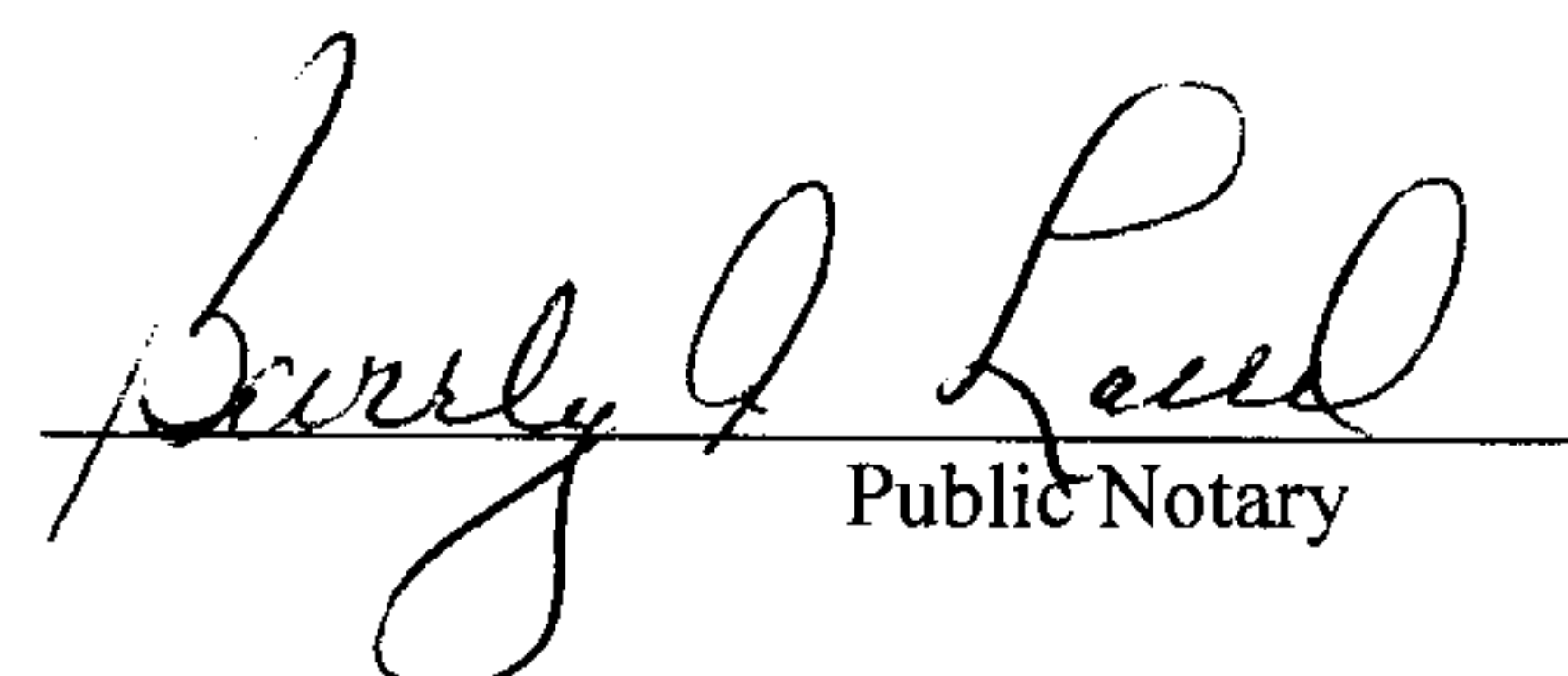
Hospital Lien prepared by: Lois Winn  
Duly authorized representative of Baptist Health Systems  
The Outsource Group, 7 Audubon Road, Wakefield MA 01880  
File#3436268



Commonwealth of Massachusetts  
County of *Middlesex*

On this, the *12* day of *Nov.*, 20 *12*, before me a notary public, the undersigned person, personally appeared *Lois Winn* known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

  
Public Notary