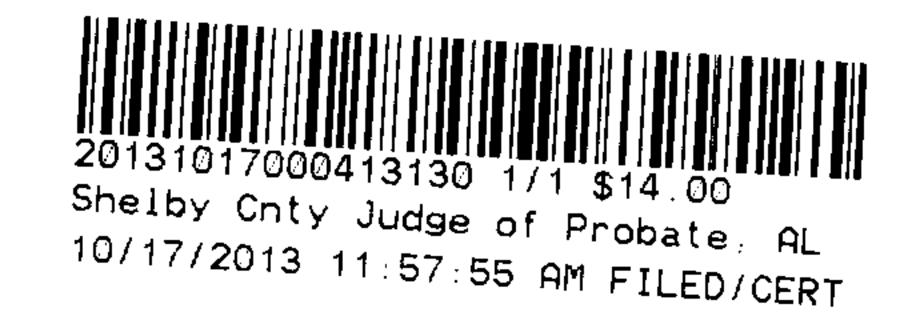
Shelby County Probate Office TO:

P.O. Box 825

Columbiana, AL 35051



NOTICE OF AMENDED HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that Health Care Authority of the Baptist Health Foundation, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:

Lisa Willis

Address:

256 Wilson Circle

Columbiana, AL 35171-7740

Admit Date: 5

7/25/2013

Discharge Date:

7/28/2013

Amount Due:

\$28,868.47

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:

Allstate - 0294925052

P.O. Box 660636

Dallas, TX 75266

State Farm Insurance - 012N83257

P.O. Box 106145

Atlanta, GA 30348

Shelby Baptist Medical Center

STATE OF MISSISSIPPI

Prepared By:

COUNTY OF ALCORN

P.O Box 1465, Corinth, MS 38834

Kimberlee M. Fair, Agent

The foregoing statement was acknowledged and verified before me this day of

the duly authorized Shelby Baptist Medical Center of the above named health care provider

ID # 93803

LaTONYA A. GLOVER:

.Commission Expires :

for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC