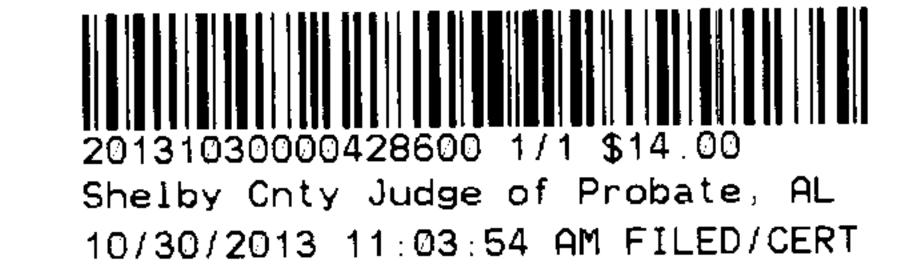
TO: Shelby County Probate Office

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 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: John Mims
Address: 12 3rd Avenue

Columbiana, AL 350453614

Admit Date: September 09, 2013 Discharge Date: September 09, 2013

Amount Due: \$2,428.00

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 are named herein

STATE OF MISSISSIPPI
COUNTY OF ALCORN

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 for and on behalf of said hospital.

MY COMMISSION EXPIRES OF MISSISSIPPI

MY COMMISSION EXPIRES OF MISSISSIPPI

MY COMMISSION EXPIRES OF MISSISSIPPI

OF MISSISSIPPI

NOTARY PUBLIC

NOTARY PUBLIC

Frequency by

Kimberlee M. Fair

P.O Box 1465

Corinth, MS 38834