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20140502000130930 1/1 $14.00
Shelby Cnty Judge of Probate, AL
05/02/2014 12:53:00 PM FILED/CERT

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

NOTICE OF AMENDED HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., 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:	**Kyle Sports**
Address:	**473 Hwy 315** **Columbiana, AL 35051**
Admit Date:	**4/7/2014**
Discharge Date:	**4/7/2014**
Amount Due:	**$367.00**

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:

Progressive Insurance - 14256780
P.O. Box 512926
Los Angeles, Ca 90051

State Farm Insurance - 01437S849
P.O. Box 106145
Atlanta, GA 30348

Shelby Baptist Medical Center

BY: _____

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 21st day of April, 2014, by Kim Fair the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 107393 MISCHELL M. WILBANKS Commission Expires Dec. 3, 2017 ALCORN COUNTY

NOTARY PUBLIC Mischell M. Wilbanks

Prepared By:
Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834