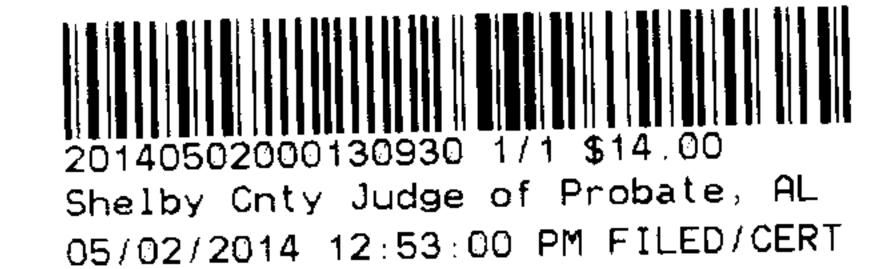
**TO:** Shelby County Probate Office

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 Bantist Medical Center

Debell Mullinells

Agent

BY:

STATE OF MISSISSIPPI

**COUNTY OF ALCORN** 

The foregoing statement was acknowledged and verified before me this day of HOR., 2014, by Kim HHIC the duly authorized Shelby Baptist Medical Center of the above named health care

ID # 107393

MISCHELL M. WILBANKS

.Commission Expires :

provider for and on behalf of said hospital. ...

MY COMMISSION EXPIRES:

NOTARY PUBLIC

Prepare M. Fair

P.O Box 1465

Corinth, MS 38834