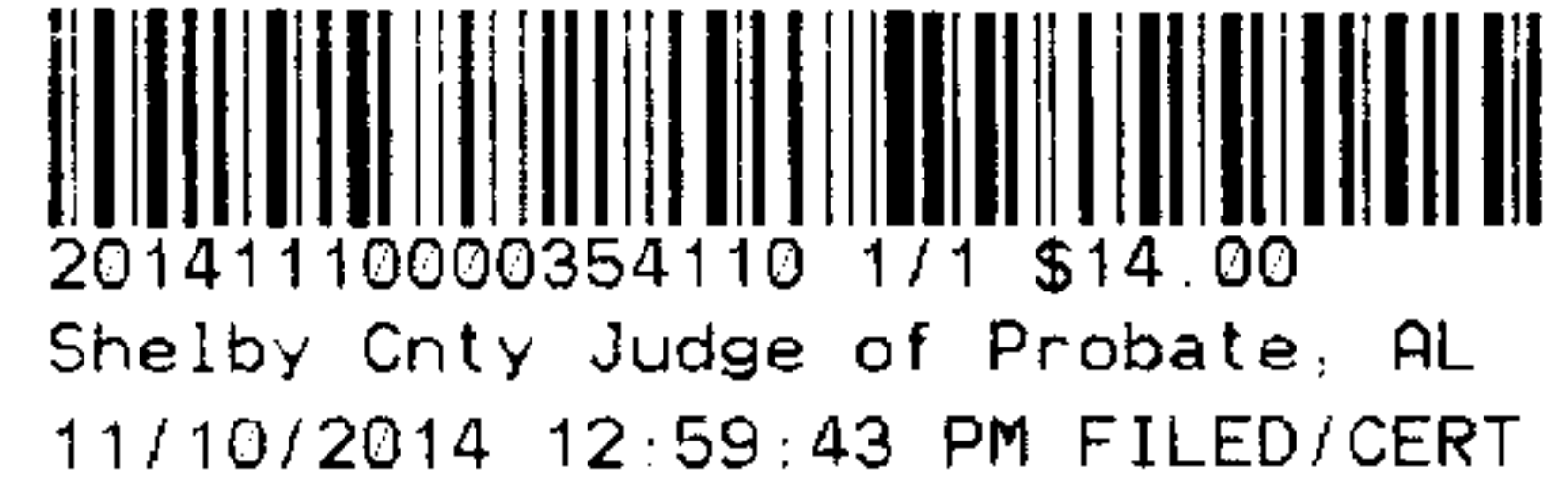


TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051



NOTICE OF 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 System, 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:	Ashley Cox
Address:	174 Hayesbury Court Pelham, AL 35124
Admit Date:	September 9, 2014
Discharge Date:	September 9, 2014
Amount Due:	\$1,716.00

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:

Sedgwick - 30142744662001
P.O. Box 29618
Charlotte, NC

Shelby Baptist Medical Center

BY:

Agent

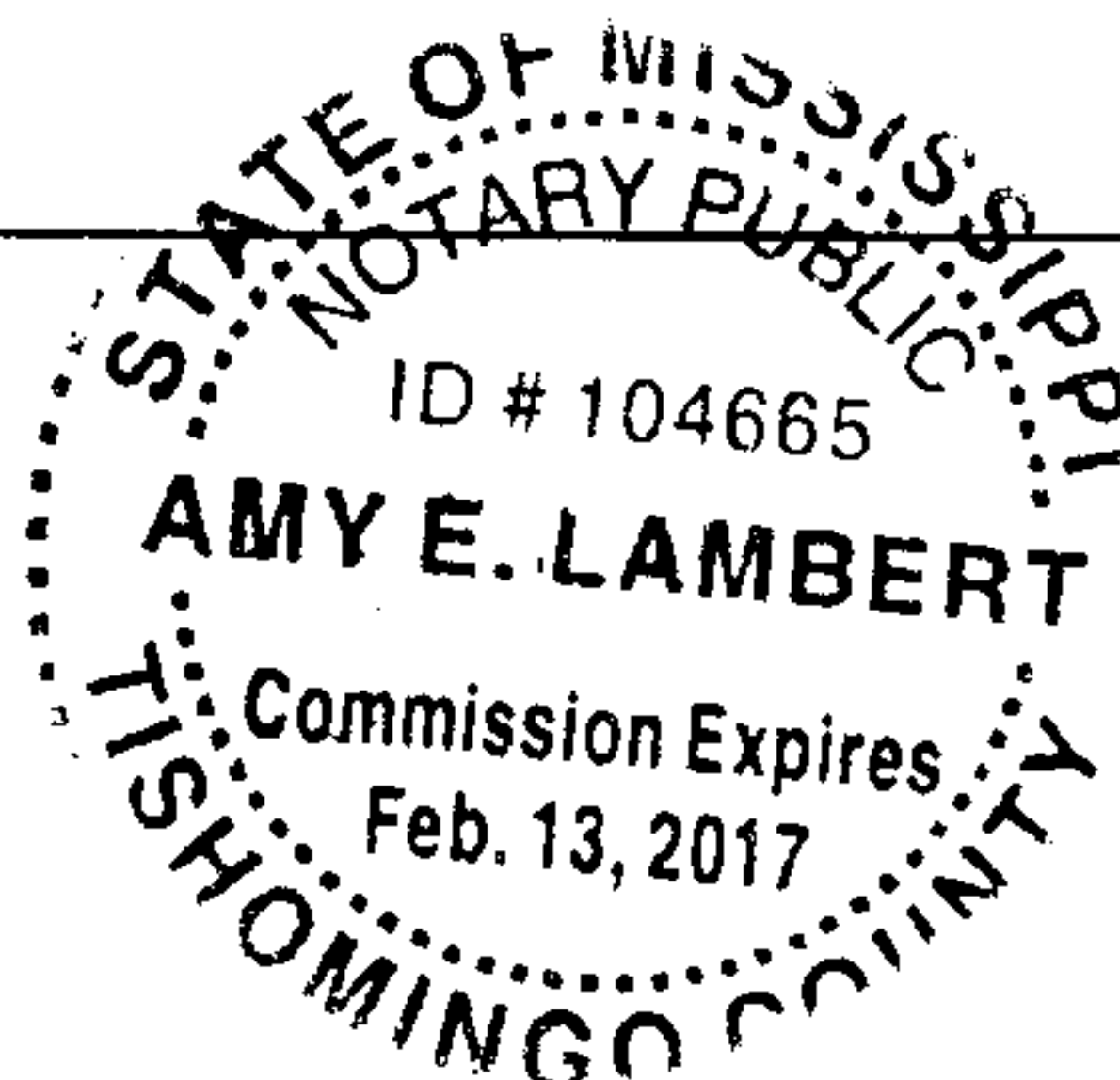
STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, November 5, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2014, by the duly authorized Shelby Baptist Medical

NOTARY PUBLIC

MY COMMISSION EXPIRES:



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