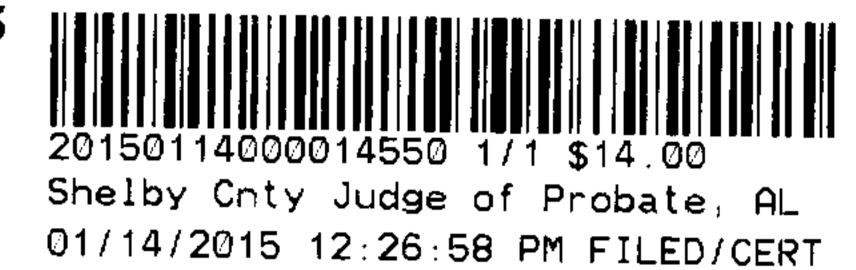
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308 1222 14th Ave. S., Birmingham, AL 35205 1-888-309-8435 or 934-6400



STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is, POB 308, 1222 14th ST. S., Birmingham, AL 35205, which operates a hospital of the same name, at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by Tina S Shoop of 94 Lake View Drive, Sterrett, AL 35147, against all causes of action,

suits, claims, counter clain	ns and demands acc	ruing to the said Tina S Shoo	op or his legal representa	tive, and against
all judgments, settlements	and settlement agree	ements entered into by virtue	e thereof and on account	of such injuries
giving rise to such causes	of action, suits, clair	ns, counter claims, demands	s, judgments, settlements	or settlement
agreements and which nec	essitated such hospi	tal care.		
000092588-4360				
Amount Claimed:	\$22,820.00	Date of Admission:	12/26/2014	
Date of Injury:	12/26/2014	Date of Discharge:	12/27/2014	
	•	or corporations claimed by damages arising from such in		•
Name:	· · ·	Name:		
Address:	· · · · · · · · · · · · · · · · · · ·	Address:		
Name:		Name:		
Address:		Address:		
Before me,Alabama, personally appe	ared, Columbra Mcative for the claimann, and that the same	LABAMA HOSPITAL esentative, UAB/PFS _ a Notary Public in and for Leod who being by me first at, and as such has personal are true and correct. day of	knowledge of the facts se	AL 35205 State of and say that she
		Lala alle		

Notary Public