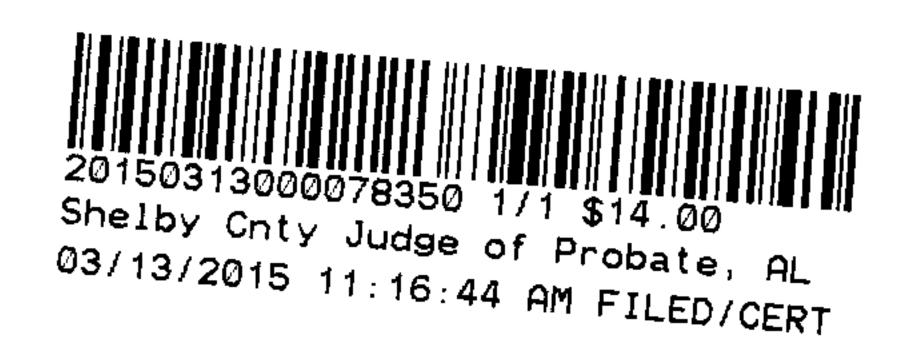
TO: Shelby County Probate Office

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 Baptist Health System, Inc., whose address is 701 Princeton Avenue, SW Birmingham, AL 35211, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:

Robert Allen

Address:

132 Blue Springs Place

Alabaster, AL 35007

Admit Date:

March 2, 2015

Discharge Date:

March 2, 2015

Amount Due:

\$416.00

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:

AAA Insurance Co. - PA1310728 P.O. Box 66502 St. Louis, MO

Princeton Baptist Medical Center

Agent

the day authorized Princeton Babtist Medical

BY:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, March 10, 2015, 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 2015, by

MOTARY PUBLIC

MY COMMISSION EXPIRES:

AMY E. LAMBERT

Commission Expires

MGO CO

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