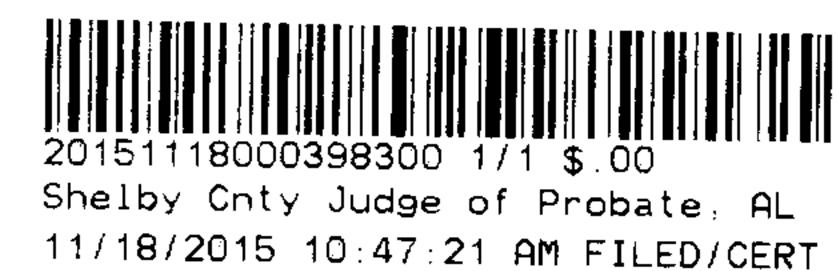
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 205-934-6400

THIS IS NOT A BILL



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, 619 19th ST. S., Birmingham, AL 35249-6510, 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: Alicia Marie Poole of 1998 County Road 56, Wilsonville, Alabama 35186 against all causes of action, suits, claims, counter claims and demands accruing to the said Alicia Marie Poole or her legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

065175859-5302				
Amount Claimed:	\$113,017.80		Date of Admission:	10/30/2015
Date of Injury:	10/29/2015		Date of Discharge:	11/01/2015
The names and addresses of representative of such persor knowledge, as follows:	•	A		•
Name:	· · · · · · · · · · · · · · · · · · ·	Name:		
Address:		Address:		
	VERSITY OF ALA White Management of the Control of t	•	POB 308, 61	pared by: Brandy Lewis 9 19 th Street South 1am, AL 35249
Before me, Evandy Ni Alabama, personally appeared is the authorized representation foregoing statement of lien, a Subscribed and sworn to before	ed, Colundra McLeocyce for the claimant, and that the same are to ore me this 12+10	d, who being by model as such has personal true and correct. day of	ne first duly sworn, doth deposition of the fact of th	pose and say that she ts set forth in the
	Motary P	ublic / VUD	ll luns	

