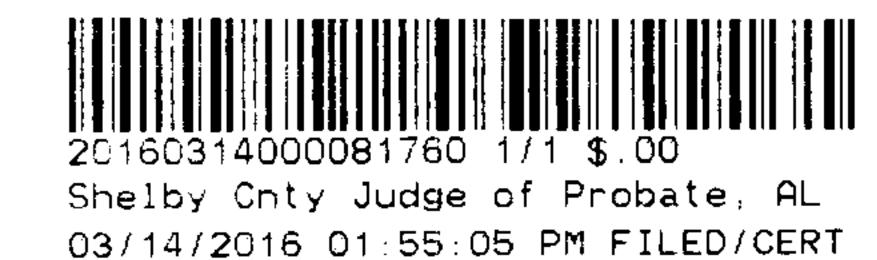
Shelby County Probate Office TO:

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 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:

Brittiney Moates

Address:

25 County Road 968

Randolph, AL 36792

Admit Date:

February 18, 2016

Discharge Date:

February 18, 2016

Amount Due:

\$1,281.21

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:

> State Farm Insurance - 01817n625 P.O. Box 106145 Atlanta, GA

> > BY:

Shelby/Baptist Medical Center

Agent

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, March 10, 2016, by Kimberlee M. Fair

the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

1D # 104665

AMY E. LAMBERT

· Commission Expires.

NOTARY PUBLIC