

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

NOTICE OF AMENDED 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:

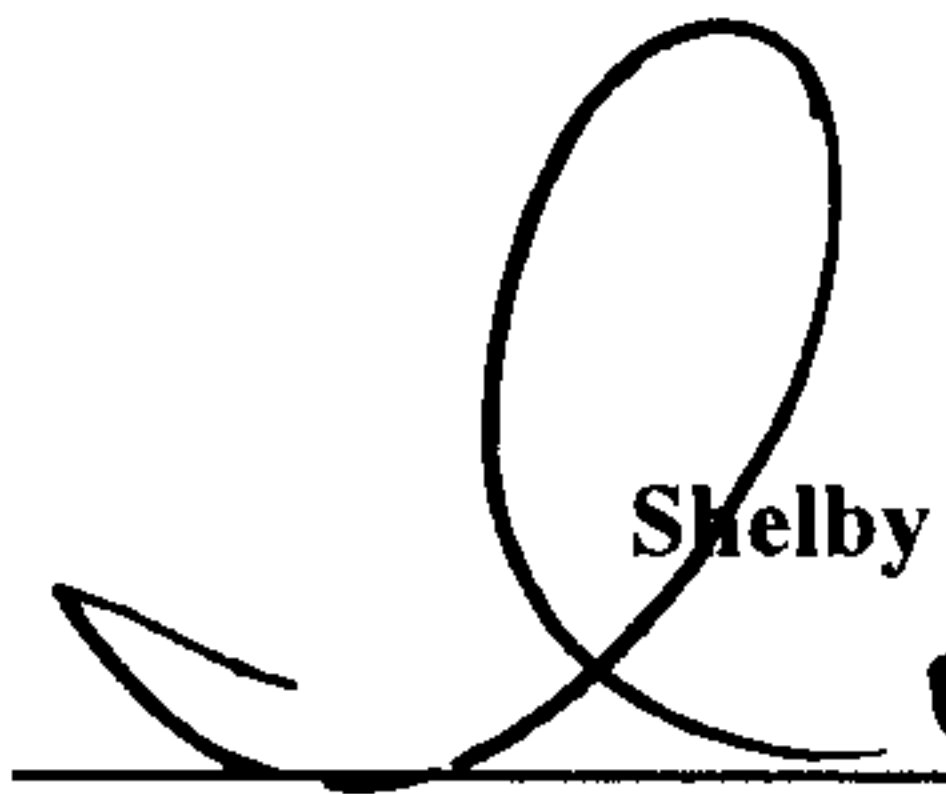
Patient's Name:	Darren Hudson
Address:	1613 Cunningham Drive
	Helena, AL 35080
Admit Date:	10/27/2015
Discharge Date:	10/27/2015
Amount Due:	\$2,706.00

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:

Farmers - 3004728345
Po Box 268993
Oklahoma City, Ok 73126

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY:


Shelby Baptist Medical Center

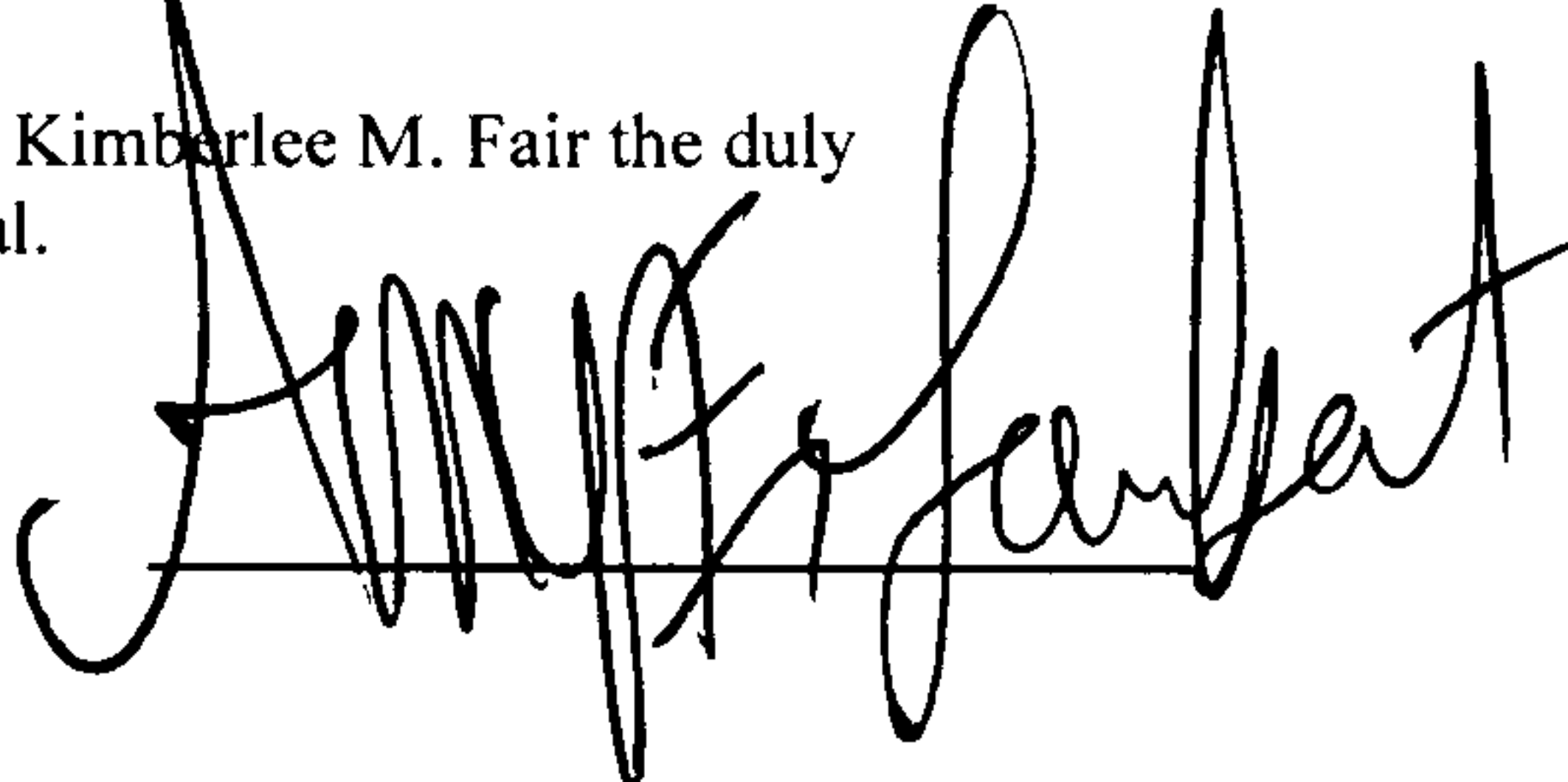
Agent

The foregoing statement was acknowledged and verified before me this May 11, 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:



NOTARY PUBLIC




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Shelby Cnty Judge of Probate, AL
05/16/2016 11:57:17 AM FILED/CERT

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