

St. CATHERINE HOSPITAL
 East Chicago, Indiana
 A HEALTH MINISTRY OF THE
 POOR HANDMAIDS OF JESUS CHRIST

Patient Financial Services
 111 W. 10th Street Suite 103
 Hobart, IN. 46342
 Phone: (800) 228-3556
 Local: (219) 947-7791

NOTICE OF INTENTION
 TO HOLD HOSPITAL LIEN

Notice is hereby given that St. Catherine Hospital, Inc. whose principal address is 4321 Fir Street, East Chicago, Indiana intends to hold a Hospital Lien for all reasonable and necessary charges for the hospital care, treatment or maintenance rendered to the Patient Named herein, in accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Patient shall attach to any cause of action, suit or claim accruing to said Patient or in the event of the Patient's death, to his legal representative, because of the illness or injuries that gave rise to the cause of action, suit or claim, and necessitated the hospital care, treatment or maintenance referred to herein.

2002 002720

1. Patient Name and Address: Naomi Bayron
 4517 Baring Apt 4
 East Chicago IN 46312-
2. Operator of Hospital: Mark Rogers - C.E.O.
3. Date of Admission: 11/30/01
 Date of Discharge: 11/30/01
4. Amount Due For Hospital Charges: \$856.93

5. Names and addresses of all persons whom Patient, his Personal Representative, or his Attorney claims is responsible for payment of the damages arising from the illness or injury causing this Hospital Admission:

Name	SAME AS ABOVE.	Address
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6. Name and Address of Patient's Attorney: UNKNOWN

I affirm, under the penalties for perjury, that I am authorized to execute this Instrument, and that the foregoing statements and representations are true and correct to the best of my knowledge and belief.

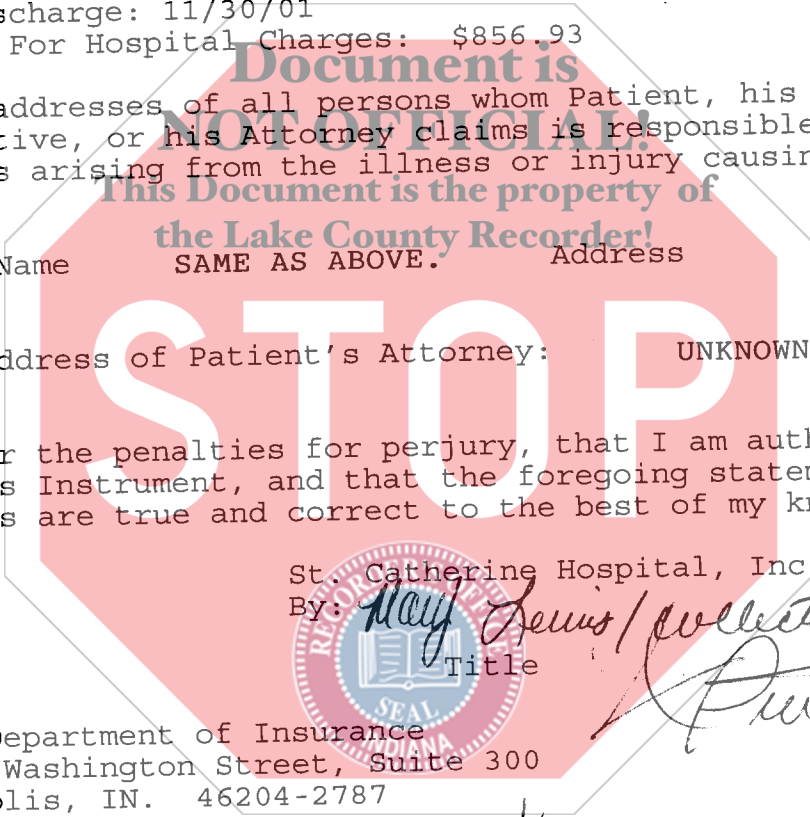
St. Catherine Hospital, Inc.

By: *Mary Lewis*
 Title

cc: Indiana Department of Insurance
 311 West Washington Street, Suite 300
 Indianapolis, IN. 46204-2787

Hospital Attorney:

The Law Offices of James E. Daugherty
 8550 Broadway
 Merrillville, Indiana 46410
 (219) 769-5500



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