

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 MAY -3 AM 9:16

2011 024675

HIND GENERAL HOSPITAL, LLC
101 W. 61st Avenue
Hobart, IN 46342
219-947-3030

MICHAEL S. AJMAN
RECORDER

Date: May 2, 2011

NOTICE OF HOSPITAL LIEN

To: Ronald Cadle, 860 North 5th Ave, Kankakee, IL 60901
Peter Berg, Berg & Berg, 2100 West 35th Street, Chicago, IL 60609
Indiana Dept. of Insurance, 311 W. Washington St., Suite 300, Indianapolis, IN, 46204

PLEASE TAKE NOTICE: Hind General Hospital, LLC, 101 W. 61st Ave, Hobart, IN 46342, a duly licensed hospital in the State of Indiana, had rendered services to Ronald Cadle for injuries sustained on or about November 16, 2009. HIND General Hospital, LLC hereby asserts a lien in the amount of \$26,808.98, pursuant Indiana Code 32-33-4 *et. seq.*, upon any cause of action, suit or claim whatsoever of said Ronald Cadle, for services rendered November 9, 2010, November 23, 2010 and December 7, 2010. The person, company or other entity liable or otherwise responsible for said injuries is: currently unknown.

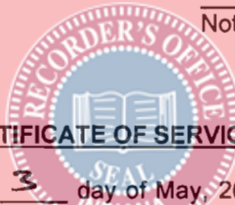
I affirm under the penalties for perjury, that the above and foregoing representations are true to the best of my knowledge, information and belief.

HIND GENERAL HOSPITAL, LLC

BY: _____

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 2 day of May, 2011, above individual personally appeared, and I acknowledged the execution of the foregoing document. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Notary Public



"OFFICIAL SEAL"
GEORGE BRASOVAN
Notary Public, State of Indiana
Resident of Lake County

My Commission Expires 12/15/2014

THIS IS TO CERTIFY that on the 3 day of May, 2011, by registered/certified United States Mail with proper postage affixed, the undersigned mailed a copy of the attached instrument to the above named individual(s), and to the Indiana Dept. Of Insurance, as required by law.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

1100
✓ # 9651
1/3