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

MICHELLE S. AJMAN  
RECORDER

Date: May 2, 2011

**NOTICE OF HOSPITAL LIEN**

To: Jimmie Harris, Jr. 7428 South Oglesby Ave., Chicago, IL 60649  
The Vrdolyak Law Group, LLC, 741 North Dearborn Street, Chicago, IL 60610  
United Healthcare, P.O. Box 30985, Salt Lake, UT 84130  
Union Pacific Railroad, c/o Elizabeth Shansky, 101 N. Wacker Dr. 1920, Chicago, IL 60606  
Indiana Dept. of Insurance, 311 W. Washington St., Suite 300, Indianapolis, IN, 46204

PLEASE TAKE NOTICE: Hind General Hospital, LLC, 101 W. 61<sup>st</sup> Ave, Hobart, IN 46342, a duly licensed hospital in the State of Indiana, had rendered services to Jimmie Harris for injuries sustained on or about May 15, 2010. HIND General Hospital, LLC hereby asserts a lien in the amount of \$168,422.49, pursuant Indiana Code 32-33-4 *et. seq.*, upon any cause of action, suit or claim whatsoever of said Jimmie Harris, Jr., for services rendered January 14, 2011 through January 16, 2011. The person, company or other entity liable or otherwise responsible for said injuries is: Union Pacific Railroad, c/o Elizabeth Shansky, 101 N. Wacker Dr. 1920, Chicago, IL 60606 and United Healthcare, P.O. Box 30985, Salt Lake, UT 84130.

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

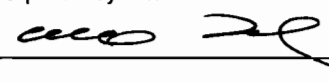
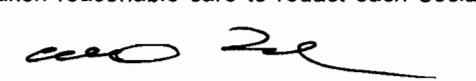
BY: 

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.



**CERTIFICATE OF SERVICE**

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.

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