

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 048856

2014 AUG 14 AM 8:36

MICHAEL D. BROWN  
RECORDER

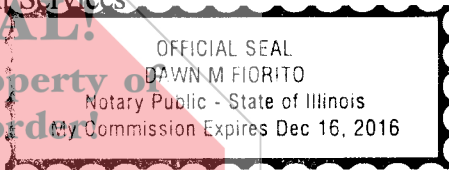
**RELEASE OF RECORDED LIEN 2013 055143 DATED 2013 JUL 30**

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$564.69, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Bryan Kuiper that now exists against all parties, including Hertz, as a result of **Bryan Kuiper's** treatment, account number(s): 613080724, treatment date(s) 05/28/2013, arising out of an accident which occurred on or about 05/28/2013.

I have read the above Release and I hereunto set my hand and seal this Y day of August, 2014.

St. Anthony Hospital, Crown Point

BY: Michelle Feldman  
Michelle Feldman, Vice President Client Services  
Hospital Reimbursement Services, Inc.  
As Agent



STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 14th day of August, 2014, before me personally came Michelle Feldman, known to me to be the individual who executed this Release and acknowledge that she fully understands its contents and freely executed same as her free and voluntary act.

Dawn M Fiorito

Lake County  
File No.: 13-58772



#12  
CK# 276138  
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