

Patient Account #UM00029420320
DOS: 03/28/04, - 04/16/04

FILED FOR RECORD NO
AT THE REQUEST OF

NOTICE OF HOSPITAL LIEN

Danco
2005 AUG 17 PM 4 39

LINCOLN COUNTY RECORDER
FEE \$15.00 DEP
LESLIE BOUCHERARD

TO: Pearl Steiner
C/O Neeman & Mills, Ltd.
1201 South Maryland Parkway
Las Vegas, NV 89104

Jeffrey Neeman, Esq.
Neeman & Mills, Ltd.
1201 South Maryland Parkway
Las Vegas, NV 89104

Insurance Corporation of British Columbia
13072 88th Avenue
Surrey, BC V3W3K3
Adjustor: Sandy Farrell
Claim #: L610544-6

American Commerce Insurance
P.O. Box 1520
Clackamas, OR 97015
Attn: Dan Cackowski, Adjustor
Claim #: 456428

Estate of William Juchem
c/o Howard, Lopez & Kelly PLLC
Key Financial Center
702 W. Idaho St., Suite 1100
P.O. Box 856
Boise, ID 83701
Attn: John Howard, Esq.
and Randall Probasco, Esq.

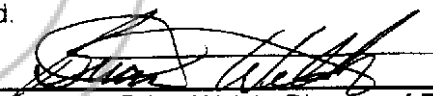
Howard, Lopez & Kelly PLLC
Key Financial Center
702 W. Idaho St., Suite 1100
P.O. Box 856
Boise, ID 83701
Attn: John Howard, Esq.
and Randall Probasco, Esq.

You are hereby notified that Pearl Steiner was on or about March 27, 2004, near Pioche, County of Lincoln, State of Nevada, injured by the alleged negligent or wrongful act of the defendant William Juchem, for which she has a claim, demand or cause of action. Pearl Steiner was a patient and received medical services and supplies in the University Medical Center of Southern Nevada because of said injuries.

Itemized Statement

See attached Itemized Statement from University Medical Center of Southern Nevada

That the claimants' demand for such care or service is in the sum of \$397,524.95 and that no part thereof has been paid, and that there is now due and owing and remaining unpaid the sum of \$397,524.95, in which amount lien is hereby claimed.



Brian Welsh, Director of Reimbursement
THE QUALITY ACCOUNT MANAGEMENT COMPANY,
authorized agent and representative of
University Medical Center of Southern Nevada
P.O. Box 1907, Highland Park, IL 60035

Received a copy of the above and foregoing notice

This _____ day of _____

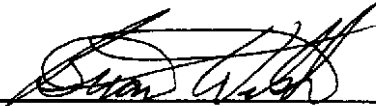
Lienholder: University Medical Center
of Southern Nevada
Address: 1800 West Charleston Blvd.
Las Vegas, NV 89102

Signed: _____

RETURN TO: THE QUALITY ACCOUNT MANAGEMENT COMPANY
AUTHORIZED AGENT AND REPRESENTATIVE OF
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
P.O. BOX 1907, HIGHLAND PARK, IL 60035

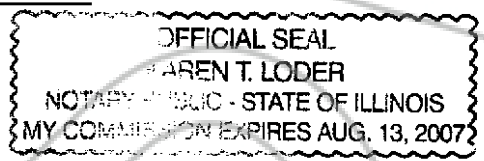
STATE OF ILLINOIS)
) SS
COUNTY OF LAKE)

I, Brian Welsh, being first duly sworn, on oath say: That I am the Director of Reimbursement named in the foregoing claim of lien; that I have read the same and know the contents thereof and believe the same to be true.



Subscribed and Sworn to be me this 11th day of August 2007

Karen J. Loder
Notary Public in and for the
above-named county and state.



COPIES