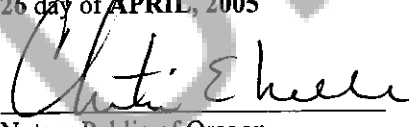



Legacy Health System
Patient Business Services
PO Box 4037
Portland OR 97208

NOTICE IS HEREBY GIVEN that *Legacy Emanuel Hospital and Health Center, 2801 North Gantenbein, Portland, OR 97227*, a charitable corporation of the state of Oregon has rendered services in hospitalization or medical treatment for **BUTCHER, DANIEL R** a person who was injured on the 19 day of **APRIL, 2005** in the city of **COOK** county of **SKAMANIA** state of **WASHINGTON**, on or about the 19 day of **APRIL, 2005**, and the said *Legacy Emanuel Hospital and Health Center* hereby claims a lien upon any money due or owing, or any claim for compensation, damages, contributions, settlements, award, or judgments from any person alleged to have caused said injuries and any other person liable for said injuries or obliged to compensate the injured person on account of said injuries. The lien applies to any person or insurer that provides for payment for hospitalization services or medical treatment rendered to the injured person, including an insurer that provides personal injury protection coverage or similar no-fault medical insurance. The hospitalization services or medical treatment was rendered to the injured person between the 19 day of **APRIL, 2005** and the 19 day of **APRIL, 2005**.

Hospital Lien
Account Number(s): 205641550 /
Subscribed and sworn to before me this 26 day of APRIL, 2005  Notary Public of Oregon My commission expires: 3-16, 2007


STATEMENT OF AMOUNT DUE

LIFELIGHT	\$9996.00
TOTAL:	\$9996.00

Thirty days have not elapsed since that time. The claimant's demands for said hospitalization services or medical treatment is in the sum of **NINE THOUSAND NINE HUNDRED NINETY SIX AND 00/100 dollars (\$9996.00)**, and no part thereof has been paid, except **NONE dollars (\$00)**, and there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets, the sum of **NINE THOUSAND NINE HUNDRED NINETY SIX AND 00/100 dollars (\$9996.00)**, in which amount lien is hereby claimed.

EMANUEL HOSPITAL & HEALTH CENTER, Claimant
by **MARILYN SHEETS** of Patient Business Services

STATE OF OREGON }
County of Multnomah }SS

I, Marilyn Sheets being
duly sworn, on oath, say: I am M.V.A./Liability Representative
of said hospital, a charitable corporation of the state of Oregon
named in the foregoing claim of lien; I have read the same and
know the contents thereof, and believe the same to be true.