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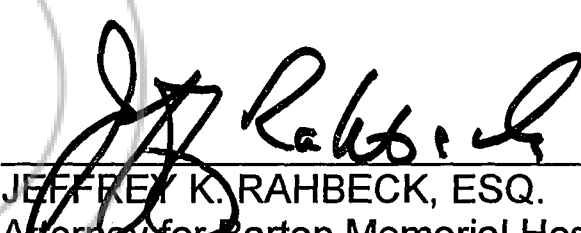
NOTICE OF HOSPITAL LIEN

(NRS 108.590-108.660)

Notice is hereby given that BARTON MEMORIAL HOSPITAL ("BARTON") has rendered hospital services CAROL M. RICHARD, a person who was injured on May 7, 2002; and that BARTON hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from all persons who have caused the injuries, or any other person, corporation or association liable for the injury. The hospital services were rendered to the injured person on May 7, 2002. A copy of the itemized statement is attached hereto.

That ninety (90) days have not elapsed since the termination of said services; that the claimant's demands for such care or service is in the sum of \$638.32 (SIX HUNDRED AND THIRTY-EIGHT DOLLARS AND THIRTY-TWO CENTS), and that no part thereof has been paid except \$0 (zero), and that there is now due and owing and remaining unpaid of such sum, after deducting all credits and offsets, the sum of \$638.32 (SIX HUNDRED AND THIRTY-EIGHT DOLLARS AND THIRTY-TWO CENTS), in which amount lien is hereby claimed.

DATED: This 137th day of August, 2002.




JEFFREY K. RAHBECK, ESQ.
Attorney for Barton Memorial Hospital
P.O. Box 435
Zephyr Cove, Nevada 89448
(775) 588-5602 (office)
(775) 588-8548 (fax)

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STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

I, JEFFREY K. RAHBECK, ESQ., being first duly sworn, on oath say that I am the attorney for BARTON MEMORIAL HOSPITAL, 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.

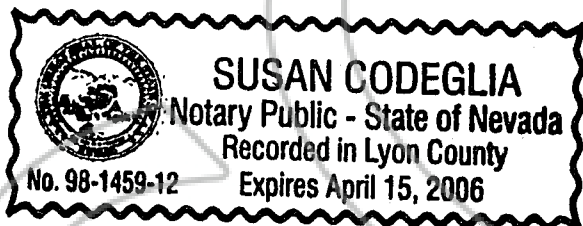


JEFFREY K. RAHBECK, ESQ.

SUBSCRIBED AND SWORN TO before me this
13th day of August, 2002.



NOTARY PUBLIC



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Itemized Statement

07/25/2002

-Barton Memorial Hospital
Carson Valley Medical Center-
P.O. Box 9578
South Lake Tahoe, CA 96158
(530) 542-3003

Patient:

RICHARD, CAROL M
Attending Physician:
PURVANCE, CLINTON D.
Guarantor:

ACCT #: 100280256

Admit Date: 05/07/02

Discharge Date: 05/07/02

RICHARD, CAROL M
170 KOONTZ LN SP 161
CARSON CITY, NV 89701

Charge Detail

Service Date	Charge Code	Qty.	Description	Amount
05/07/02	47104602	1	IBUPROFEN 800MG TABLET /51079059620	7.85
05/07/02	46300129	1	L-S SPINE 2-3V	269.25
05/07/02	46300196	1	SHOULDER 2V	171.47
05/07/02	40138278	1	CVER FAC FEE-LEVEL III	189.75
05/07/02			Service Date Total:	638.32

Charge Summary

Code	Revenue Description	Amount
250	PHARMACY	7.85
320	DX X-RAY	440.72
450	EMERG ROOM	189.75
TOTAL CHARGES		638.32
TOTAL PAYMENTS AND ADJUSTMENTS:		0.00
TOTAL AMOUNT DUE:		638.32

REQUESTED BY
Jeffrey Rabbeck
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2002 AUG 14 AM 9:49

LINDA SLATER
RECORDER

\$ 16 PAID *KJ* DEPUTY

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