

PURSUANT TO THE LAWS OF THE STATE OF ARIZONA, SPECIFICALLY, A.R.S. SECTION 36-2915 AND 36-2956, AHCCCS DOES HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTIONS, SUITS, CLAIMS, COUNTER-CLAIMS, OR DEMANDS FOR DAMAGES ACCRUING TO THE PATIENT NAMED HEREIN, OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, ON ACCOUNT OF INJURIES GIVING RISE TO SUCH CAUSES OF ACTION AND WHICH NECESSITATED THAT PATIENT'S CHARGES FOR HOSPITAL CARE AND/OR MEDICAL CARE AND TREATMENT OF THE ABOVE-NAMED INJURED PATIENT FOR WHICH AHCCCS IS RESPONSIBLE IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE. THE NAME AND ADDRESS OF THE PATIENT AS SET FORTH ARE THE SAME AS THEY APPEAR ON THE RECORDS OF AHCCCS.

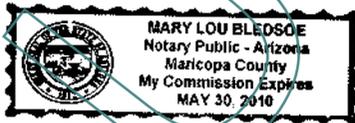
STATE OF ARIZONA)
) SS. VERIFICATION OF AUTHORIZED AGENT AND AFFIDAVIT OF
MAILING)
COUNTY OF PINAL)

KAREN M NAPIER, BEING DULY SWORN UPON OATH, DEPOSES AND SAYS:

1. THAT THEY ARE AN AUTHORIZED REPRESENTATIVE ACTING ON BEHALF OF THE DIRECTOR OF THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) THROUGH HEALTH CHOICE ARIZONA (HCA) NAMED IN THE FOREGOING NOTICE AND CLAIM OF AHCCCS LIEN
2. THAT HEALTH CHOICE ARIZONA (HCA) WITHIN FIVE (5) DAYS AFTER THE RECORDING OF SAID LIEN, MAILED A COPY THEROF, POSTAGE PREAPID, TO EACH PERSON, FIRM., OR CORPORATION AND THE INSURANCE CARRIER OF EACH LISTED ABOVE AS PERSONS BELIEVED TO BE LIABLE;
3. THAT THE MATTERS STATED ARE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE

Karen M Napier
KAREN M NAPIER AUTHORIZED REPRESENTATIVE ON BEHALF OF
AHCCCS AND ITS AUTHORIZED REPRESENTATIVE
HEALTH CHOICE ARIZONA (HCA)

SUBSCRIBED AND SWORN TO BEFORE THIS 20 DAY OF Oct 2009



NOTARY EXPIRATION DATE

Mary Lou Bledsoe
SIGNATURE OF NOTARY PUBLIC

RECORDATION OF FILING DOCUMENTATION

COUNTY RECORDER :
DATE OF RECORDING :
DOCKET NUMBER :
PAGE NUMBER : 2