STATE OF ALABAMA)	FULL SATISFACTION OF RECORDED LIEN
JEFFERSON COUNTY)	

SIROTE & PERMUTT, P.C.

RODNEY E. NOLEN (NOL002)

STATE OF ALABAMA)

JEFFERSON COUNTY)

I, the undersigned authority, in and for said County in said State, certify that RODNEY E. NOLEN, whose name as Attorney of SHELBY COUNTY HEALTH CARE AUTHORITIES D/B/A SHELBY MEDICAL CENTER, a corporation, is signed to the foregoing instrument, acknowledged before me on this day that, being informed of the contents of the instrument, he (as such Officer and with full authority) executed the same voluntarily (for and as the act of said Corporation).

Given under my hand and official seal, this the 7th day of March 1997.

Notary Public

My Commission Expires December 27, 2000

THIS INSTRUMENT WAS PREPARED BY: SIROTE & PERMUTT, P.C.
2222 ARLINGTON AVENUE SOUTH POST OFFICE BOX 55727
BIRMINGHAM, AL 35255-5727

03/26/1997-09221
10:04 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 SNA 8.50