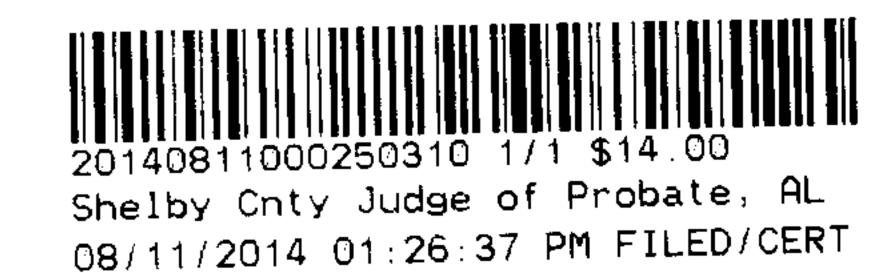
TO: Shelby County Probate Office P.O. Box 825
Columbiana, AL 35051



RELEASE OF HOSPITAL LIEN

1. On 3/6/2014, Health Care Authority of the Baptist Health Foundation, Inc. Shelby Baptist Medical Center, whose address is 1000 1st Street North Alabaster, AL 35007, caused to be recorded in the office of the Probate Judge of Shelby County Probate Office, Alabama, in Instrument No. 20140306000061810, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, for the customary charges for care and treatment or transportation of patient Shanquilla Blair, on account of injuries giving rise to such claims and which necessitated such services, for furnishing treatment, care and maintenance to said injured person. The lien is hereby released by Shelby Baptist Medical Center who is the owner of the debt, obligation and lien.

2.	Therefore,	in considera	ation of the	he foregoing,	the unde	ersigned,	Kimberle	e M.
Fair, authorized agent	for Shelby	Baptist Me	dical Cer	nter, authoriz	es and di	rects the	Shelby C	ounty
Probate Office Court	Clerk, to d	ischarge the	same of	record.		* * *	-	•

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN Shelby Baptist Medical Center

Kimberlee M. Fair

The foregoing statement was acknowledged and verified before me this Thursday, August 7, 2014, by Kimberlee M. Fair the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

MY COMMISSION

AMY E. LAMBERT

NOTARY PUBLIC

Kimberlee M. Fair P.O Box 1465 Corinth, MS 38834