

FULL SATISFACTION OF RECORDED LIEN

BOOK 066 PAGE 856

STATE OF ALA. SHERIFF CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

SIROTE, PERMUTT, FRIEND, FRIEDMAN,
HELD & APOLINSKY, P.C.

250

By:

- Donald J. Sides

\$ 350

I, the undersigned authority, in and for said County, in said State, certify that Donald J. Sides, whose name as Attorney of Shelby County Hospital Board dba 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).

THIS INSTRUMENT WAS PREPARED BY:
Donald J. Sides
Sirote, Permutt, Friend, Friedman,
Held & Apolinsky, P.C.
2222 Arlington Avenue South
P. O. Box 55727
Birmingham, Alabama 35255

My commission expires: 6/10/89