Attorney for

by that certain

FULL SATISFACTION OF RECORDED LIEN

Shelby County Hospital Board dba

payment

the

full

judgment in

the

KNOW ALL MEN BY THESE PRESENTS, That the undersigned,

I, the undersigned authority, in and for said County

Given under my hand and official seal this the __28th_

My Commissi

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

acknowledges

STATE OF ALABAMA

JEFFERSON COUNTY

indebtedness

J.

Shelby Medical Center

Donald

Sides,

secured

(for and as the act of said Corporation).

This instrument was prepared

by Donald J. Sides

2222 Arlington Avenue South

Birmingham, Alabama 35255

day of January , 19 87