

**FULL SATISFACTION OF RECORDED LIEN**

IN WITNESS WHEREOF, the undersigned, Donald J. Sides,  
has caused these presents to be executed this the 20th day of  
May                     , 19 87.

By: Donald J. Sides  
For Satisfaction of Judgments Only

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  
2222 Arlington Avenue South  
Birmingham Alabama 35255

Notary Public  
My Commission Expires: