(for and as the act of said Corporation).

August

This instrument was prepared

by Donald J. Sides

2222 Arlington Avenue South

Birmingham, Alabama 35255

day of

2156

Sides,

Attorney

FULL SATISFACTION OF RECORDED LIEN

acknowledges full payment

Shelby County Hospital Board dba

the

said

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 19th

Notary Public

My Commission Expires:

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

19 87

for

STATE OF ALABAMA

Ĵ.

Shelby Medical Center

JEFFERSON COUNTY

Donald