

209 FULL SATISFACTION OF RECORDED LIEN

IN WITNESS WHEREOF, the undersigned, Donald J. Sides,
has caused these presents to be executed this the 15th day of
February, 19 88.

STATE OF ALA. SHELBY COUNTY
I CERTIFY THIS
INSTRUMENT WAS FILED

88 MAR -3 AM 8:01

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: 1-31-15