				•	•	
	STATE OF ALAB		FUĻL SI	TISFACTION O	F RECORDED L	IEN
		KNOW ALL M	EN BY THE	SE PRESENTS,	That the u	ndersigned,
	Donald J.	Sides, At	torney fo	r Shelby Coun	ty Hospital Bos	rd dba
Sh	elby Medical Cer	nter	ackı	nowledges f	ull payment	t of the
Sh.	indebtedness elby County Hosp elby Medical Cer	nital Board dba	l		•	e case of
	judgment was	recorded	in the Of	fice of the	Judge of	Probate of
	She1by	Со	unty, Alab	ama, in Book	No. 079	, Page
	No. 620	, (and a				_ in Book
	No.	Page No),	and the und	Bersigned do	es further
	hereby releas					
				the undersi	gned. Donald	J. Sides,
	has caused June	, 19_	ts to be	executed thi	is the <u>lst</u>	day of
89/	STATE OF ALA. SHELM T CERTIFY WAS INSTRUMENT WAS 88 JUN 10 AM	15 16 16 16 16 16 16 16 16 16 16 16 16 16	FRIEND	PERMUTT, MO	HELD & APOLIN	PIAN, ISKY, P.C.
FEE	"AB JUN 10 AI	o Lemy gr	Don	ald J. Sides Satisfaction	one of Jude	ments Only
- 133 133 133 133 133 133 133 133 133 13	STATE OF CEALA	RCBATE BAMA)	For	Satisfacti	ons or oday	, mence -
ž	JEFFERSON CO	UNTY)				
×	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). Given under my hand and official seal this the lst					
	day ofJun	Given unde	er my hand , 19	and officia	ii seal this	the <u>ist</u>
	This Instrument w	ras prepared	•	Notary Public	y Hand	//
	L. Donald J		i	Notary Public My Commission	Expires: /	31-89

2222 Arlington Avenue South

Birmingham, Alabama 35255