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FULL SATISFACTION OF RECORDED LIEN

IN WITNESS WHEREOF, the undersigned, Donald J. Sides,
has caused these presents to be executed this the 26th day of
July, 19 88.

STATE OF ALA. SHERIFF
I CERTIFY THIS
INSTRUMENT WAS FILED

88 AUG 11 AM 8:09

By: Donald J. Sides
Donald J. Sides
For Satisfactions 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).

Given under my hand and official seal this the 26th
day of July, 1988.

Notary Public
My Commission Expires: 1-31-89