KNOW ALL MEN BY

Attorney

for

acknowledges

Sides,

STATE OF ALABAMA

JEFFERSON COUNTY

Shelby Medical Center

Donald

No. 100 , (and assigned to _____ in Book No._____, Page No._____), and the undersigned does further IN WITNESS WHEREOF, the undersigned, Donald J. Sides, has caused these presents to be executed this the ____9th __ day of SIROTE, PERMUTT, MCDERMOTT, SLEPIAN, PRIEND, PRIEDMAN, HELD & APOLINSKY, P.C. For /Satisfactions of Judgments Only STATE OF ALABAMA) JEFFERSON COUNTY) I, the undersigned authority, in and for said County in said State, certify that Donald J. Sides, whose name as Attorney of Shelby CountyHospital 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 9th March day of This instrument was prepared My Commission Expires: by Donald J. Sides SIROTE, PERMUTT, MCDERMOTT, SLEPIAN, FRIEND, 2222 Arlington Avenue South Birmingham, Alabama 35255 FRIEDMAN, HELD & APOLINSKY, P.C.

FULL SATISFACTION OF RECORDED LIEN

THESE PRESENTS, That the undersigned,

full

Shelby County Hospital Board dba

payment

the

said

2222 ARLINGTON AVENUE SOUTH

40.00