1665 FULL SATISFACTION OF RECORDED LIEN

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 21st

My Commission Expires: 9-1-92

Notary Public

\$2,50

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

RECORDING FEES

Recording Fee

Index Fee

TOTAL

(for and as the act of said Corporation).

June

acknowledges full payment of

said

in Book

Donald J. Sides, Attorney for Shelby County Hospital Board - DBA

indebtedness secured by that certain judgment in the case of

This instrument was prepared

by Donald J. Sides

2222 Arlington Avenue South

Birmingham, Alabama 35255

day of

STATE OF ALABAMA

JEFFERSON COUNTY

Shelby Medical Center