

FULL SATISFACTION OF RECORDED LIEN

SM-89-589, which said judgment was recorded in the Office of the Judge of Probate of Shelby County, Alabama, in Book No. 256, Page No. 707, (and assigned to _____ in Book No. _____ Page No. _____), and the undersigned does further hereby release and satisfy said judgment.

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

By:

JUDGE OF PROBATE

I, the undersigned authority, in and for said County, in said State, certify that George M. Neal, Jr., whose name as Attorney of Shelby County Health Care Authorities D/B/A/ Shelby Medical Center a corporation, is signed to the foregoing instrument, acknowledged before me on this day, 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).

Latricia M. Jones
Notary Public

My commission expires: 7/5/93