

1303

FULL SATISFACTION OF RECORDED LIEN

IN WITNESS WHEREOF, the undersigned, Attorney, has
caused these present to be executed this the 23rd day of
January, 19 92

BY: [Signature] Attorney

I, the undersigned authority, in and for the said county, in said State, certify that the above signed Attorney of Shelby County Hospital Board DBA 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).

My commission expires: 11-21-95

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W. E. F.