

## FULL SATISFACTION OF RECORDED LIEN

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Attorney for Shelby County Health Care Authorities

IN WITNESS WHEREOF, the undersigned, Attorney, has

BY: [Signature], Attorney

Inst # 1993-25831  
08/26/1993-25831  
02:56 PM CERTIFIED

**JEFFERSON COUNTY )**

I, the undersigned authority, in and for the said county, in said State, certify that the above signed 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).

Given under my hand and official seal this the  
26th day of August 1993.

**SIROTE & PERMUTT, P.C.**  
2222 Arlington Avenue South  
Post Office Box 55727  
Birmingham, Alabama 35255

My commission expires: 11-21-98

P.O. Box 593  
Calera, AL 35040