STATE OF ALABAMA)	FULL SATISFACTION OF RECORDED LIEN
TEFEFORON COUNTY)	

IN WITNESS WHEREOF, the undersigned, W. MCCOLLUM HALCOMB, has caused these presents to be executed this the 20th day of January, 1997.

SIROTE & PERMUTT, P.C.

W. MCCOLLUM HALCOMB (HAL030)

STATE OF ALABAMA)

JEFFERSON COUNTY

I, the undersigned authority, in and for said County in said State, certify that W. MCCOLLUM HALCOMB, whose name as Attorney of SHELBY COUNTY HEALTH CARE AUTHORITIES 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 20th day of January, 1997.

Notary Public (

My Commission Expires January 17, 199

Inst # 1997-057827

THIS INSTRUMENT WAS PREPARED BY: SIROTE & PERMUTT, P.C. 2222 ARLINGTON AVENUE SOUTH POST OFFICE BOX 55727 BIRMINGHAM, AL 35255-5727

O2/24/1997-O5782
O1:49 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 NCD 8.50