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

STATE OF ALABAMA

JEFFERSON COUNTY

I, the undersigned authority, in and for said County in said State, certify that RODNEY E. NOLEN, whose name as Attorney of SHELBY BAPTIST MEDICAL CENTER FKA SHELBY COUNTY HEALTH CARE AUTHORITY 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 8th day of January, 1998.

Notary Public

My Commission Expires March 17, 2001

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

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