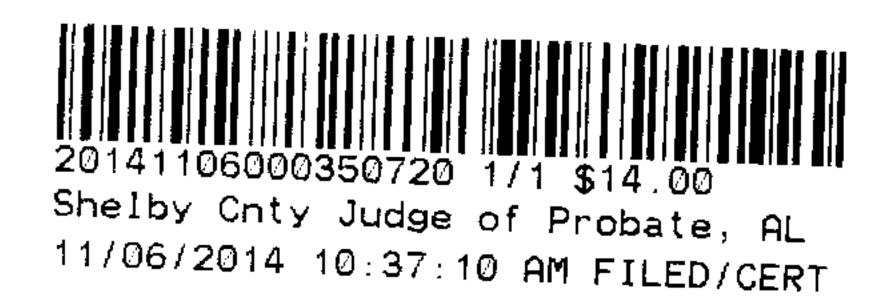
TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



RELEASE OF HOSPITAL LIEN

1. On 2/10/2014, Health Care Authority of the Baptist Health System, Inc. Shelby Baptist Medical Center, whose address is 1000 1st Street North Alabaster, AL 35007, caused to be recorded in the office of the Probate Judge of Shelby County Probate Office, Alabama, in INSTRUMENT NO 20150210000036400, a lien upon and against all rights of action, suits, claims, counterclaims or demands, etc. of patient, for the customary charges for care and treatment or transportation of patient Traci Griffin, on account of injuries giving rise to such claims and which necessitated such services, for furnishing treatment, care and maintenance to said injured person. The lien is hereby released by Shelby Baptist Medical Center who is the owner of the debt, obligation and lien.

		foregoing, the undersigned, Kimberlee M.
Fair, authorized agent for Shelby Bapt	ist Medical Cente	r, authorizes and directs the Shelby County
Probate Office Court Clerk, to dischar	ge the same of rec	ord.
STATE OF MISSISSIPPI COUNTY OF ALCORN	BY:	Shelby Baptist Medical Center
		Kimberlee M. Fair

The foregoing statement was acknowledged and verified before me this Friday, October 31, 2014, by Kimberlee M. Fair the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

MISCHELLM. WILBANKS

Commission Expires

MY COMMISSION EXPIRE Bec. 3, 2017

NOTARY PUBLIC

Kimberlee M. Fair P.O Box 1465
Corinth, MS 38834