

STATE OF ALABAMA:

COUNTY OF SHELBY:

KNOW ALL MEN BY THESE PRESENTS, which are intended to constitute a Durable Power of Attorney, that I, Lois M. Goggins, the undersigned, of Post Office Box 415, City of Alabaster, County of Shelby, State of Alabama, do hereby make, constitute and appoint Jimmie Ruth Cummings, of Post Office Box 562, City of Alabaster, County of Shelby, State of Alabama, my true and lawful Attorney in Fact, for me and in my name, place and stead, and on my behalf and for my use and benefit, to do, perform, and execute all and every act that I may legally do through an attorney in fact, and every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which Jimmie Ruth Cummings or her substitute shall lawfully do or cause to be done by herself or her substitute lawfully designated by virtue of the power herein conferred upon her.

The rights, powers and authority of my said Attorney in Fact herein granted shall commence and be in full force and effect immediately upon execution of these presents; the authority conferred herein shall not be affected by disability, incompetency, or incapacity of the said principal, Lois M. Goggins; and such rights, powers and authority shall remain in full force and effect thereafter until my death or revocation on written notice from me. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns and personal

BOOK 016 PAGE 337

Lois Goggins
 P.O. Box 415 - Alabaster, 35007

representatives.

IN WITNESS WHEREOF, as Principal, I have signed this Durable Power of Attorney at Suite 205, Shelby Medical Center, Alabama Alabama, this 28th day of January, 1985, and I have directed that photographic copies of this power be made which shall have the same force and effect as an original.

Lois M. Goggins (L.S.)
Lois M. Goggins

STATE OF ALABAMA:

COUNTY OF SHELBY:

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Lois M. Goggins, whose name is signed to the foregoing Durable Power of Attorney and who is known to me, acknowledged before me on this day that, being informed of the contents of said Durable Power of Attorney, she executed the same voluntarily on the day the same bears date.

Given under my hand this the 28th day of January, 1985.

Ray D. Times
Notary Public



BOOK 016 PAGE 338

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

Rec 5.00
Frd 1.00
6.00

1985 JAN 29 PM 12:52

Thomas P. Snowden, Jr.
JUDGE OF PROBATE