1124

Form [redacted]-2 –OFFICIAL BOND–Rev. 2-1-57 ROBERTS & SON, BIRMINGHAM

STATE OF ALABAMA

SHELBY **County**

KNOW ALL MEN BY THESE PRESENTS:

That I BETTY F. CUPP as principal

and HARTFORD ACCIDENT & INDEMNITY COMPANY UNDER BLANDET BOND BY STATE OF ALABAMA as sureties

are held and firmly bound unto the State of Alabama in the penal sum of $10,000.00 Dollars,

for the payment of which well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally.

Sealed with our seals and dated this 15TH day of APRIL, 1988.

The condition of the above obligation is such that, WHEREAS, the above bound BETTY F. CUPP has been duly

to the office of NOTARY PUBLIC-STATE AT LARGE

NOW, THEREFORE, if the said BETTY F. CUPP shall faithfully discharge the duties of such office during the time he continues therein, or discharges any of the duties thereof, then this obligation shall be void, otherwise, to remain in full force and effect.

Taken and approved this 15TH day of APRIL, 19 88

Thomas A. Swindle Jr.
JUDGE OF PROBATE

Betty F. Cupp (L. S.)

(L. S.)

(L. S.)

BOOK 004 PAGE 584

STATE OF ALABAMA

Shelby **County**

OATH OF OFFICE

I, Betty F. Cupp, do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Alabama, so long as I continue a citizen thereof; and that I will faithfully and honestly discharge the duties of the office upon which I am about to enter to the best of my ability. So help me God.

Subscribed and sworn to before me, this 15th day of April, 19 88.

Erline B. Mayhew
(Name of officer administering oath)

My Commission Expires [redacted] 11, 1989

Betty F. Cupp

INSURANCE BINDER

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

BINDER NO.

NAME AND ADDRESS OF AGENCY

Insurance & Bonds, Inc.
P.O. Box 17820
Montgomery, AL 36117

COMPANY

Hartford Accident & Indemnity Company

EFFECTIVE 12:01 a M 10-1-87
EXPIRES [X] 12:01 AM [ ] NOON 10-1-88

[X] THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # 20DBDRX8300 (except as noted below)

NAME AND MAILING ADDRESS OF INSURED

State of Alabama
State House
Montgomery, Alabama

DESCRIPTION OF OPERATION/VEHICLES/PROPERTY

PROPERTY

TYPE AND LOCATION OF PROPERTY	COVERAGE/PERILS/FORMS	AMT OF INSURANCE	DED.	COINS %

LIABILITY

TYPE OF INSURANCE

[ ] SCHEDULED FORM [ ] COMPREHENSIVE FORM
[ ] PREMISES/OPERATIONS
[ ] PRODUCTS/COMPLETED OPERATIONS
[ ] CONTRACTUAL
[ ] OTHER (specify below)
[ ] MED. PAY. $ PER PERSON $ PER ACCIDENT
[ ] PERSONAL INJURY

COVERAGE/FORMS: A [ ] B [ ] C [ ]

LIMITS OF LIABILITY IN THOUSANDS (000)

	EACH OCCURRENCE	AGGREGATE
BODILY INJURY	$	$
PROPERTY DAMAGE	$	$
BODILY INJURY & PROPERTY DAMAGE COMBINED	$	$
PERSONAL INJURY		$

AUTOMOBILE

[ ] LIABILITY [ ] NON-OWNED [ ] HIRED
[ ] COMPREHENSIVE-DEDUCTIBLE $
[ ] COLLISION-DEDUCTIBLE $
[ ] MEDICAL PAYMENTS $
[ ] UNINSURED MOTORIST $
[ ] NO FAULT (specify)
[ ] OTHER (specify):

LIMITS OF LIABILITY IN THOUSANDS (000)

BODILY INJURY (each person) $
BODILY INJURY (each accident) $
PROPERTY DAMAGE $
BODILY INJURY & PROPERTY DAMAGE COMBINED $

[ ] WORKERS' COMPENSATION – STATUTORY LIMITS (specify states below) [ ] EMPLOYERS' LIABILITY – LIMIT $

SPECIAL CONDITIONS/OTHER COVERAGES

NAME AND ADDRESS OF [ ] MORTGAGEE [ ] LOSS PAYEE [ ] ADD'L INSURED

LOAN NUMBER

INSURANCE & BONDS, INC.
SIGNATURE OF AUTHORIZED REPRESENTATIVE

9-30-87
DATE

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

1988 APR 15 AM 9:34

JUDGE OF PROBATE

BOOK 004 PAGE 555

OFFICIAL SEAL