

STATE OF ALABAMA

Shelby County

KNOW ALL MEN BY THESE PRESENTS:

That I Judy A. Jones as principal
and State of Alabama and Hartford Accident & Indemnity
Company 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 24 day of May, 19 88

The condition of the above obligation is such that, WHEREAS, the above bound

Judy A. Jones has been duly
appointed to the office of Notary Public, State at Large

NOW, THEREFORE, if the said Judy A. Jones
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 24TH
day of MAY, 19 88

Thomas A. Smith, Jr.

Judy A. Jones (L. S.)

(L. S.)

(L. S.)

STATE OF ALABAMA

Shelby County

OATH OF OFFICE

I, Judy A. Jones, 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 24
day of May, 19 88

Erline B. Meyhew
(Name of officer administering oath)

Judy A. Jones

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 10-1-88X 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	COVERAGE/FORMS	LIMITS OF LIABILITY IN THOUSANDS (000)		
	<input type="checkbox"/> SCHEDULED FORM <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER (specify below) MED. PAY. \$ PER \$ PERSON PER ACCIDENT <input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	BODILY INJURY PROPERTY DAMAGE BODILY INJURY & PROPERTY DAMAGE COMBINED PERSONAL INJURY	\$ \$ \$ \$	\$ \$ \$ \$
AUTOMOBILE	LIABILITY <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED		LIMITS OF LIABILITY IN THOUSANDS (000)		
	<input type="checkbox"/> COMPREHENSIVE-DEDUCTIBLE \$ <input type="checkbox"/> COLLISION-DEDUCTIBLE \$ <input type="checkbox"/> MEDICAL PAYMENTS \$ <input type="checkbox"/> UNINSURED MOTORIST \$ <input type="checkbox"/> NO FAULT (specify) <input type="checkbox"/> OTHER (specify):		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

STATE OF ALA. SHELLEY
I CERTIFY THIS
INSTRUMENT WAS FILED

88 MAY 24 PM 2: 04

NAME AND ADDRESS OF

MORTGAGEE

LOSS PAYEE

JUDGE OF PROBATE

LOAN NUMBER

INSURANCE & BONDS, INC.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

9-30-87

DATE