(Name of officer administering oath)

My Commission expires January 11, 1993

Form 1558-2 OFFICIAL BOND-Rev. 2-1-57. /684	MORERTS & SON BIRMINGHAM
STATE OF ALABAMA SHELBY County	KNOW ALL MEN BY THESE PRESENTS:
That I VERLA JO RESPESS	as principal
and HARTFORD ACCIDENT & INDEMNIT	I-Y - 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, successors and assigns, jointly and severally.	we bind ourselves, our heirs, executors and administrators.
Sealed with our seals and dated this _24mm day o	of
The condition of the above obligation is such that, V	WHEREAS, the above bound
VERLA JO RESPESS	has been duly
APPOINTED to the office of	NOTARY PUBLIC-
Taken and approved this24TH	ring the time he continues therein, or discharges any of the rwise, to remain in full force and effect. (L. S.)
JUDGE OF PROBATE) (L. S.)
STATE OF ALABAMA SHELBY	OATH OF OFFICE
of the United States and the Constitution of the Stat	, do solemnly swear that I will support the Constitution te of Alabama, so long as I continue a citizen thereof; and is of the office upon which I am about to enter to the best
Subscribed and sworn to before me, this24	

Inst P.O. Mont Stat	in the conditions shown on the Reversion and Address of Agency arance & Bonds, Inc. Box 17820 tgomery, AL 36117 TE AND MAILING ADDRESS OF INSURED te of Alabama	COMPANY Hartford Accident & Indemnity Company EFFECTIVE 12:01 a M 10-1-87 EXPINES X 12:01 AM NOON 10-1-88 X THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAME COMPANY PER EXPIRING POLICY # 20DBDRX8300 COMPANY PER EXPIRING POLICY # 20DBDRX8300					
		COVERAGE/PERILS/FORMS AMTOFINSURANCE DED. COM					
PROPERTY							
LIABILITY AUTOMOBILE	TYPE OF INSURANCE SCHEDULED FORM COMPREHENSIVE FORM PREMISES/OPERATIONS PRODUCTS/COMPLETED OPERATIONS CONTRACTUAL OTHER (specify below) MED. PAY. \$ PER \$ PERSON PERSONAL INJURY LIABILITY NON-OWNED HIRED COMPREHENSIVE DEDUCTIBLE \$ COLLISION-DEDUCTIBLE \$ MEDICAL PAYMENTS \$ UNINSURED MOTORIST \$ NO FAULT (specify) OTHER (specify):	A B	BODILY INJURY & PROPERTY DAMAGE COMBINED PERSONAL LIMITS OF LIA BODILY INJURY (BODILY INJURY (BODILY INJURY (PROPERTY DAMA BODILY INJURY (SILITY IN THOUS Such person) Such secident) GE PROPERTY DAM	AGGRE S ANDS (0	GATE	
Z _ Z _ Z _ Z _ Z _ Z _ Z _ Z _ Z _ Z _	WORKERS' COMPENSATION - STATUTORY LIMITS (specify and address of Montgages Loss payer And STRUMENT WAS FILL LOAN NO. 89 MAR 24 AM 8: 32	UMBER	NCE -6 ABOMINS)	LITY - LIMIT	9-3		