

## **AMERICAN STATES INSURANCE COMPANY** INDIANAPOLIS, INDIANA

## SURETY BOND CONTINUATION CERTIFICATE Duplicate Copy

BOND NUMBER: EX-838211 ORIGINATION DATE: 01-20-1993 PENALTY AMOUNT: \$5,000.00

TYPE OF BOND:

LICENSE INSPECTOR, SHELBY COUNTY, AL

IN CONSIDERATION OF THE AGREED PREMIUM OF \$ EXECUTED

100.00, PAYABLE IN ADVANCE, THE ABOVE BOND

ON BEHALF BOBBY JOINER

2975 JOINERTOWN ROAD

COLUMBIANA, AL 35051

Inst # 1995-16983

06/29/1995-16983 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 002 SNA

STATE OF ALABAMA **FAVOR** MONTGOMERY, AL 36104 0F

IS HEREBY CONTINUED IN FORCE FOR THE EXTENDED TERM FROM 01-20-95 TO 01-20-1996. CONTINUATION IS SUBJECT TO THE CONDITION THAT THE LIABILITY OF AMERICAN STATES INSURANCE COMPANY UNDER THE BOND AND ANY AND ALL CONTINUATIONS THEREOF SHALL IN NO EVENT EXCEED IN THE AGGREGATE. THIS ENDORSEMENT SHALL BE VALID ONLY WHEN EXECUTED BY THE \$ \$5,000.00 COMPANY'S ATTORNEY-IN-FACT OR PRESIDENT.

EXECUTED ON 12-06-94.

AMERICAN STATES INSURANCE COMPANY

RUX CARTER INSURANCE AGY, INC AGENT

NAME 113 MAIN STREET AND

ADDRESS P O BOX 885

COLUMBIANA, AL 35051

01-13248

(205) 669-3158



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## American States Insurance Company INDIANAPOLIS, INDIANA

GEORGE T. BENTLEY, REBECCA BRAS	SHER OR PEGGY WOOD
of Columbiana and	State of Alabama
its true and lawful Attornev(s)-in-Fact, with full power and authority hereb	by conferred in its name, place and stead, to execute, acknowledge and
deliver any and all bonds, recognizances, contracts of indemnity and other of	onditional or obligatory undertakings provided, however,
that the penal sum of any one such instru	ment executed hereunder shall not exceed
THREE HUNDRED THOUSAND AND NO/100 (\$300,0	
	ds were signed by the President, sealed with the common seal of the Corporation
and duly attested by its Secretary, hereby ratifying and confirming all that the said and may be revoked pursuant to and by authority granted by Section 7.07 of the "The Chairman, the President or any Vice-President (including any Exor Assistant Vice-President) shall have power, by and with the concurrent as the business of the Corporation may require and to authorize any recognizances, stipulations and undertakings, whether by way of sure	d Attorney(s)-in-Fact may do in the premises. This Power of Attorney is executed by By-Laws of the American States Insurance Company, which reads as follows: lecutive Vice-President, Senior Vice-President, Second Vice-President secutive Vice-President of the Corporation, to appoint Attorneys-in-fact y such person to execute, on behalf of the Corporation, any bonds,
Assistant Vice-President and its corporate seal to be hereto affixed this	30th day ofJune
A.D. 19 94	AMERICAN STATES INSURANCE COMPANY
ATTEST:Assistant Vice-President	Second Vice-President
	THE MOUNT
STATE OF INDIANA	∵ .
STATE OF INDIANA COUNTY OF MARION SS	MOIANA
J. S.	THE AMES
On this 30th day of Jun	ne , A.D., 19 94 , before me personally came
	, A.D., 13, before the personally carrie
being by me duly sworn, acknowledged the execution of the above inst American States Insurance Company; that he knows the seal of said Corposed; that it was so affixed by authority of the Board of Directors of said Corposed Insurance Company; that he knows the seal of said Corposed Insurance Company; the seal of said Corposed Insurance Company; that he knows the seal of said Corposed Insurance Company; the seal of said Corposed Insurance Company; th	proporation; that the seal affixed to the said instrument is such corporate poration; and that he signed his name thereto under like authority. And said and with John J. Rosich and knows him to be the
CYNTHIN FINITE HOTARY PUBLIC MARK TO SET OF BEING ANA	(1, 4h, 1)
MARKET AND STATE OF THE AND	Marie Dieta
	Notary Public
STATE OF INDIANA COUNTY OF MARION SS	[z(Seal)]
COUNTY OF MARION ************************************	
	MAIOW
is still in force and effect.	by the authority of Section 8.03 of the By-Laws of AMERICAN STATES ation shall be signed on behalf of the Corporation by the Chairman, ident, Senior Vice-President, Vice-President, Second Vice-President, ther officer, whose signatures, if the instrument is duly countersigned
binding upon the Corporation notwithstanding the fact that any such or other instrument of insurance shall have been actually issued by	officer shall have ceased to be such officer at the time such policy the Corporation."
In witness whereof, I have hereunto set my hand and affixed the s	seal of said Corporation, this _20 day of January,
A.D., 19 <u>25</u> .	LES INSUA
Inst # 1995-16983	Seal of the seal o
	Assistant Vice-President

THIS POWER OF ARTOHNER MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN THE DISTRIBUTION OF THE PRINTED IN THE MARGIN HEREOF IN THE PRINT HEREOF IN THE POWER OF ATTORNEY, CALL 317-262-6262 OR WRITE US AT P.O. BOX 1636, INDIANAPOLIS, IN 46206-1636.