

SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

That I, Michael R.	Moure, of the State of Alabama,
do hereby appoint Diane L. M. Birmingham, Al 352	ore, of 33/2 Monte D'ORO D'A
Birmingham, Al 352	my true and lawful attorney-in-fact to do the
following in my name and in my beha	alf:
	for my use the below-described real property located in
She/by	for my use the below-described real property located in , County of,
Shelby State of Alabama	for my use the below-described real property located in
Shelby State of Alabama Pelham, AL 35124	for my use the below-described real property located in, County of
She/by State of AlAbama Pelham, AL 35124 receive, sign, seal, execute, acknowled	for my use the below-described real property located in, County of, located at
She/by State of AlAbama Pelham, AL 35124 receive, sign, seal, execute, acknowled, necessary or convenient to enter into be	for my use the below-described real property located in

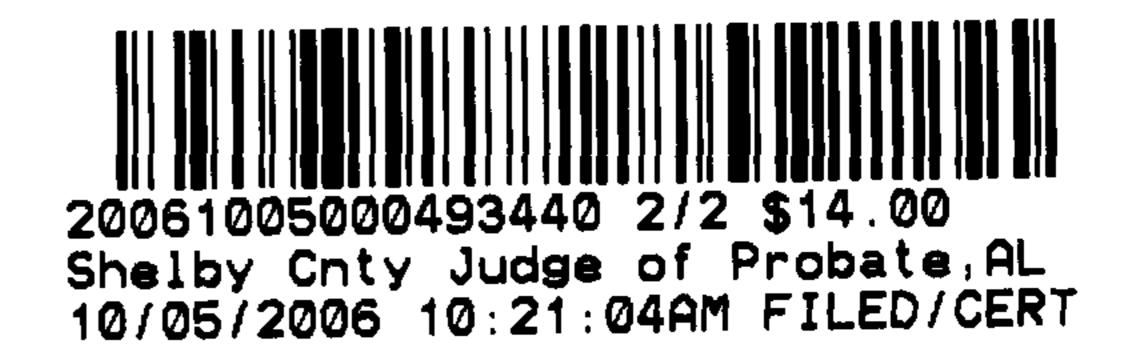
Giving and granting individually unto said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph immediately above, as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on 65007.

I intend for this to be a **DURABLE Power of Attorney**. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent. All acts done by my Attorney hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician, based on that physician's examination, certifies in writing at a date subsequent to the date which this power of attorney is executed, that I am disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs. I authorize the physician who so certifies, to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney, endorsed by proper physician certification of my disability or incapacity, is held harmless and fully protected from any action taken under this power of attorney.



Notwithstanding my inclusion of a specific expiration date herein, if on that specified expiration date I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of, exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have recovered from such disability UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this 6th day of 5eptember 20<u>06</u>,

Michael R. Mone

COMMONWEALTH OF VIRGINIA

COUNTY OF ARLINGTON

Subscribed sworn to and acknowledged before me by Mulling day of day of 2000.

NOTARY PUBLIC

My Commission Expires: 30 and 2010