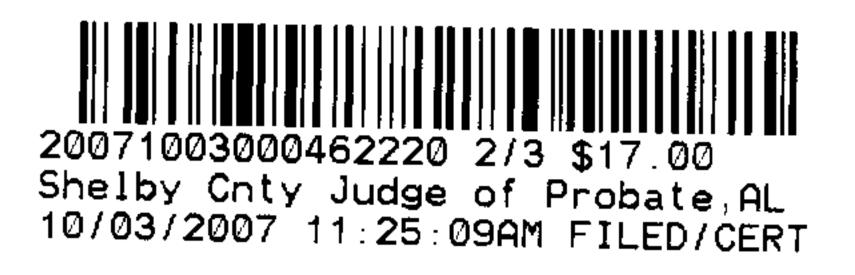


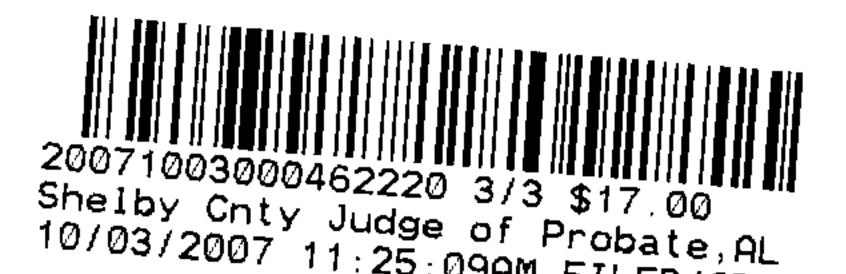
General Power of Attorney (with Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSO	ONS, be it kn	cerut Rd. Hoover, Alabama 35244	
the undersigne	ed Grantor (h	ereinafter Principal), do hereby make and grant a general power of attorney to	
Jess	slynn	ereinafter Principal), do hereby make and grant a general power of attorney to, of, of, of, of, and appoint said individual as my Attorney-in-Fact/Agent.	
and do thereup	oon constitut	e and appoint said individual as my Attorney-in-Fact/Agent. 35242	
If mv Agent is i	unable to ser	ve for any reason, I designate <u>Jennifer Caale Traus</u>	
of 2309 (woodlan	L Circle, Birmingham Alabama 35242, as my successor Agent.	
,		shall act in my name, place and stead in any way that I myself could do, if I were personally present, ig matters, to the extent that I am permitted by law to act through an agent:	
of the subdivis a box for any p	ions (A) throu particular sub	st write his or her initials in the corresponding blank space of each box below with respect to each ugh (N) below for which the Principal wants to give the agent authority. If the blank space within division is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that power withheld.)	
[]10	(A)	Real estate transactions	
abo	(B)	Tangible personal property transactions	
BOL	(C)	Bond, share and commodity transactions	
1970	(D)	Banking transactions	
1 2 BC	(E)	Business operating transactions	
JBC1	(F)	Insurance transactions	
[ABA	(G)	Gifts to charities and individuals other than Attorney-in-Fact/Agent (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)	
Abl	(H)	Claims and litigation	
[JAC]	(1)	Personal relationships and affairs	
	(J)	Benefits from military service	



[]mG	(K)	Records, reports and statem	ents	
1034	(L)		ty to my Attorney-in-Fact/Agent to d rson or persons whom my Attorney-	
[DBB	(M)	Access to safe deposit box(e	<u>e</u> s)	
931	(N)	All other matters		
Durable Provisi	on:			
BA_	(0) If the blank space in the block to the left is initialed by the Principal, this attorney shall not be affected by the subsequent disability or incompeter Principal.		•	
Other Terms:			· - · · - · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
TO INDUCE ANY EXECUTED COPY HEREOF SHALL B SUCH REVOCATION MY HEIRS, EXECUTED ANY SUCH THIRD REASON OF SUCE	THIRD PA OR FACS E INEFFE ON OR TE JTORS, LE D PARTY F H THIRD F	RTY TO ACT HEREUNDER, I HEREIMILE OF THIS INSTRUMENT MACTIVE AS TO SUCH THIRD PARTY RMINATION SHALL HAVE BEEN GAL REPRESENTATIVES AND ASTROM AND AGAINST ANY AND AGAINST HAVING RELIED ON THE I	subject to its terms and agrees to act are or her best discretion deems advisable, EBY AGREE THAT ANY THIRD PARTY RAY ACT HEREUNDER, AND THAT REVOUNLESS AND UNTIL ACTUAL NOTICE RECEIVED BY SUCH THIRD PARTY, AN SIGNS, HEREBY AGREE TO INDEMNIFY ALL CLAIMS THAT MAY ARISE AGAINST PROVISIONS OF THIS INSTRUMENT.	ECEIVING A DULY CATION OR TERMINATION OR KNOWLEDGE OF ID I FOR MYSELF AND FOR Y AND HOLD HARMLESS T SUCH THIRD PARTY BY
Signed in the pres	ence of:			
Witness Witness		Cru Mul.	Grantor (Principal) Attorney-in-Fact/Agent	Mal



State of Alabama)	10/03/2007 11:25:09AM FILED/CE
County of Jefferson)	
to me on the basis of satisfactory evidence) to instrument and acknowledged to me that he/s	before me,, cooley, personally known to me (or proved be the person(s) whose name(s) is/are subscribed to the within he/they executed the same in his/her/their authorized capacity(ies), strument the person(s), or the entity upon behalf of which the
WITNESS my hand and official seal.	
Signature of Notery	
AffiantKnown Produced ID Type of ID	
(Seal)	

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