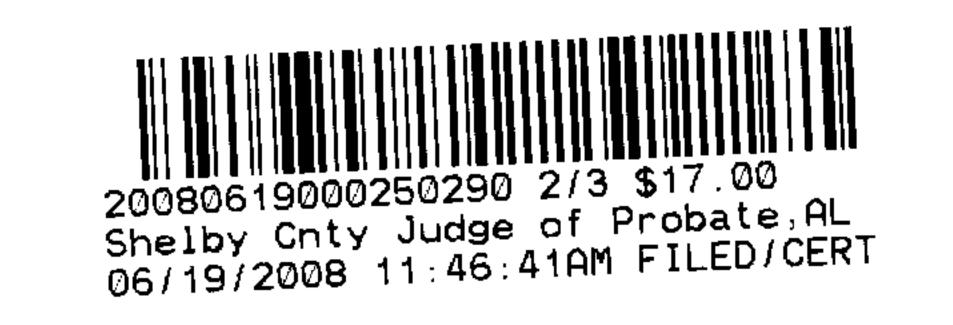


General Power of Attorney (with Durable Provision)

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.

				nown that I, <u>Glenda C. Skipper</u>	<u> </u>
the	unde	ersigne	d Grantor (he	ereinafter Principal), do hereby make and grant a general per sterrett A Brenda Johnson of Sterrett A	ower of attorney to
	· ·		···	e and appoint said individual as my Attorney-in-Fact/Agent.	
lf r	ny Ag	ent is ι	unable to ser	ve for any reason, I designate <u>Brenda Johnson</u>	
of				Vincent, A1.	, as my successor Agent.
				shall act in my name, place and stead in any way that I mys ig matters, to the extent that I am permitted by law to act t	
of a b	the su ox fo	ubdivisi r any p	ions (A) throu articular sub	st write his or her initials in the corresponding blank space ough (N) below for which the Principal wants to give the age odivision is NOT initialed, NO AUTHORITY WILL BE GRANTED power withheld.)	ent authority. If the blank space within
[X]	(A)	Real estate transactions	
[X]	(B)	Tangible personal property transactions	
[]	(C)	Bond, share and commodity transactions	
[X]	(D)	Banking transactions	
[X]	(E)	Business operating transactions	
[X]	(F)	Insurance transactions	
[(G)	Gifts to charities and individuals other than Attorne (If trust distributions are involved or tax conseconsult an attorney.)	
[X		(H)	Claims and litigation	
[X]	(1)	Personal relationships and affairs	
ſ]	(J)	Benefits from military service	



[X]	(K)	Records, reports and statements
[(L)	Full and unqualified authority to my Attorney-in-Fact/Agent to delegate any or all of the foregoing powers to any person or persons whom my Attorney-in-Fact/Agent shall select
[]	(M)	Access to safe deposit box(es)
[X]	(N)	All other matters
Du	rabl	e Provi	ision:	
[]	(O)	If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Principal.
Ot	her ⁻	Terms:		
Cap act TO EX HE SU MY AN RE	ASO	CONSIST UCE AN TED CO F SHALI REVOCA IRS, EXE JCH THI N OF SI	tent with maken. IY THIRD PARTY OR FACTORS, LECUTORS,	hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary y best interests as he or she in his or her best discretion deems advisable, and I affirm and ratify all ARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY SIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION ECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF ERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR EGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT. 18th day of September , 20 07
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310	jnea	in ine p	resence of:	
Wi	tnes	<u> </u>		Grantor (Principal) Skipper Grantor (Principal)
Wi	tnes	<u></u>	· · · · · · · · · · · · · · · · · · ·	Attorney-in-Fact/Agent

20080619000250290 3/3 \$17.00 Shelby Cnty Judge of Probate, AL 06/19/2008 11:46:41AM FILED/CERT

State of Alabama							
County of Shelby							
On <u>September 18, 2007</u> , before me, <u>Fieda: Wood Pearce</u> , personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.							
WITNESS my hand and official seal. Signature of Notary							
Affiant X Known Produced ID Type of ID 10 10 10 10 10 10 10 10 10 10 10 10 10							