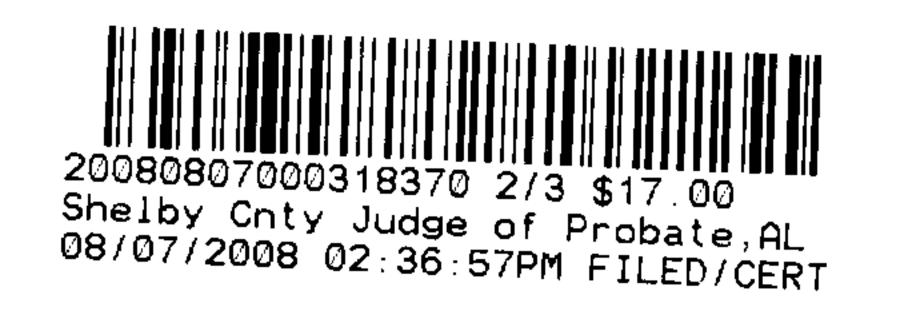


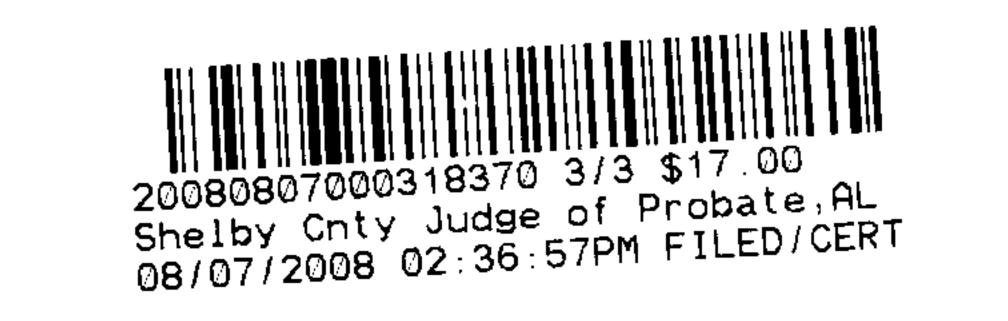
Affidavit For Delegation of Parental Authority Ala. Code § 26-2A-7

My name is: Daren L. Bongers
My address is: 197 Perry House Rd
Sitasuerd SA 21750
My telephone is: $229 - 635 - 1201$
The name of the student for whom I am delegating parental responsibility is as follows:
Name of student: Karl Bongers
Custodial Parent: I am the legal custodial parent of this student and I am authorized to execute this Delegation of Parental Authority and so indicate by my initials:
Yea, I am the legal custodial parent (Initial or Sign)
Reasons for Delegation: Ala. Code § 26-2A-7 authorizes a custodial parent to delegate parental responsibility on a temporary basis where emergency or other compelling circumstances exist. A Delegation of Parental Authority is not appropriate to enable a student to zone jump from one school district to another.
Please explain in detail the emergency reasons or other compelling reasons why you are delegating rather than discharging your parental responsibilities:
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Use separate sheet if necessary) even thought it Deems
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Good Standing: Please state whether this student disciplinary conditions) at the student's last school	is in good standing (no outstanding ol:
Yes, in good standing: (Initial)	as far as I A
No, not in good standing:(Initial)	
Expected duration of this Delegation of Parental A	uthority:
From: Aug 1, 2008 To: W	lay 21, 2009
Aan (Signature)
STATE OF GEORGIA)	
BEN HILL COUNTY)	
I, the undersigned, a notary public in hereby certify that <u>Karen L. Bongers</u> the foregoing instrument, and who is known this day that, being informed of the contents same voluntarily on the day the same bears of	, whose name is signed to to me, acknowledged before me on of said instrument, she executed the
Given under my hand and official sea August , 2008.	al this5thday of
Mari	1 Sueal Notary Public
[NOTARIAL SEAL] My com	nmission expires: 10/31/08

State of the French



ACCEPTANCE OF APPOINTMENT AS GUARDIAN

I/We, Kunt Bonger and,
the undersigned do hereby accept the appointment of Guardian of the person and property
of Lack Bougest II, a minor, age 16, under that certain
Delegation of Powers executed by dated the
day of Acq 200.81/We further represent that the residence of
said minor is 199 Pebble Cie Pelham A1 35124
which is also my/our place of residence.
I/We further certify that I/we will, in my/our capacity as Guardian(s), comply with and perform my/our duties in the best interest of the minor child, all in accordance with Section 26-2A-7, Code of Alabama, 1988, and the Delegation of Powers hereinabove mentioned.
STATE OF ALABAMA) SHELBY COUNTY)
I, the undersigned, a Notary Public in a do for said County and State, do herby certify that here who is known to me, acknowledged before me on this day that, begin informed of the contents of said Delegation of Powers, she executed the same voluntarily on the day the same bears date.
Given under my hand and seal this the 1 day of 2008
My Commission Expires: Jan-11, 2011 (SEAL OF THE SEAL
The state of the s