

ARKANSAS STATUTORY POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I GENE TWITTY STINSON, 2 Brookfield Cove, Little Rock, Arkansas 72205(insert your name and address) appoint MELISSA STINSON MOLLOY JACOBS, 1900 West Loop South, Suite 1910, Houston, Texas 77027(insert the name and address of the person appointed) as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

INITIAL the powers your wish to grant to appointed attorney in fact.

- (A) Real property transactions
(B) Tangible personal property transactions.
(C) Stock and bond transactions.
(D) Commodity and option transactions.
(E) Banking and other financial institution transactions.
(F) Business operating transactions.
(G) Insurance and annuity transactions.
(H) Estate, trust, and other beneficiary transactions.
(I) Claims and litigation.
(J) Personal and family maintenance.
(K) Benefits from social security, medicare, medicaid, or other governmental programs, or military service.
(L) Retirement plan transactions.
(M) Tax matters.

ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become disabled, incapacitated, or incompetent.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 23 day of NOV, 2009
+ Gene Twitty Stinson
GENE TWITTY STINSON
[Redacted]
(Your Social Security Number)

State of Arkansas

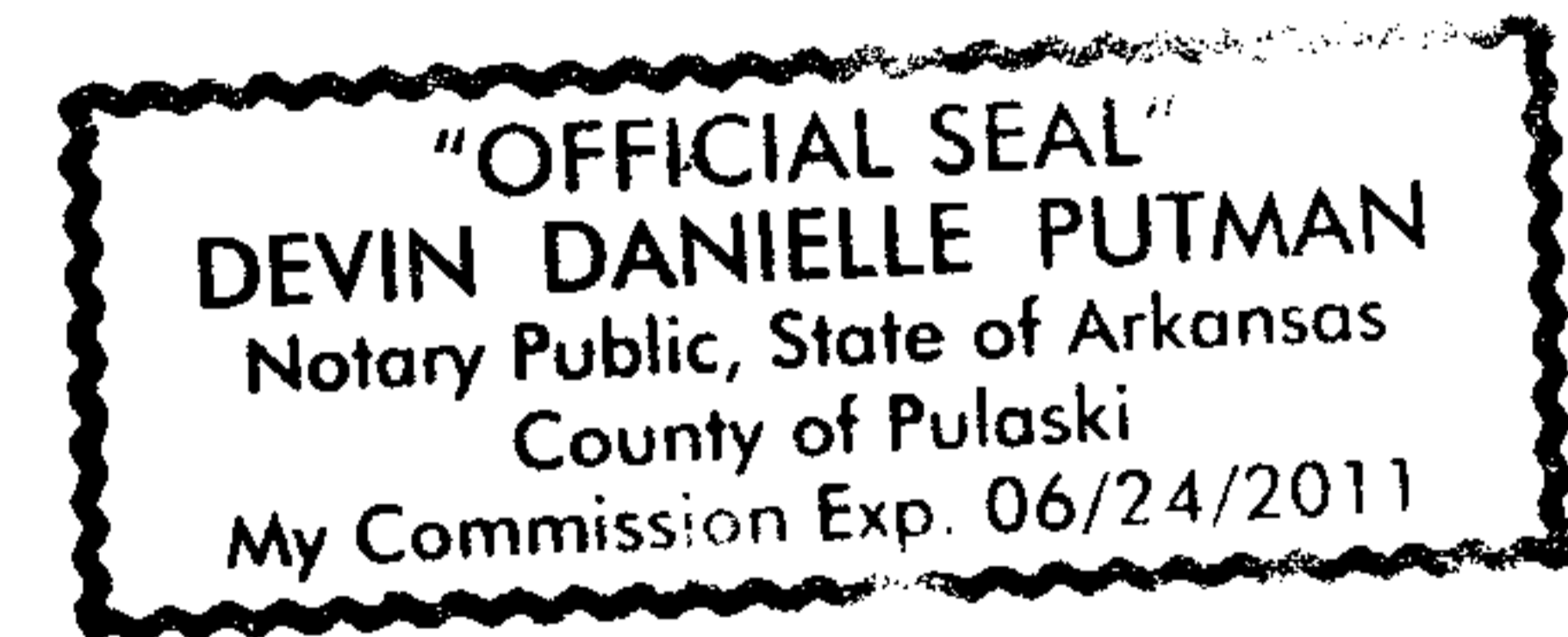
County of PULASKI

This document was acknowledged before me on 11.24.2009 (Date) by Gene Twitty Stinson (name of principal)

Devin Danielle Putman
(Signature of notarial officer)

(Seal, if any)
Notary
(Title (and Rank))

[My commission expires 6.24.2011]



BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT

AFTER RECORDING RETURN TO:
MELISSA JACOBS
1900 West Loop South #1910
Houston, TX 77027

20101206000408080 1/1 \$12.00
Shelby Cnty Judge of Probate, AL
12/06/2010 03:23:58 PM FILED/CERT