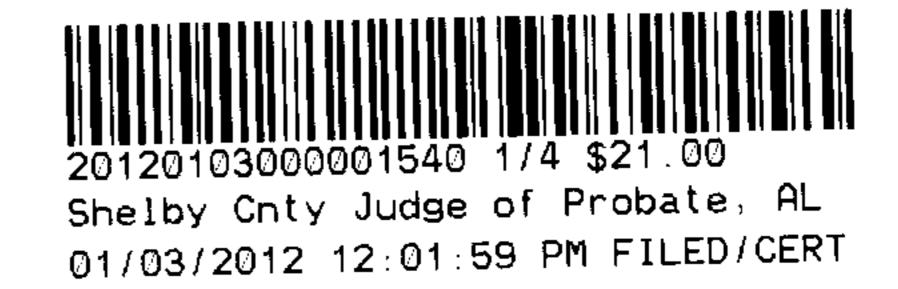
## **DURABLE POWER OF ATTORNEY**

## STATE OF ALABAMA COUNTY OF CULLMAN



Know All Men by These Presents, which are intended to constitute a

Durable Power of Attorney, that I, FRED E. FULLER, the undersigned, of Shelby

County, Alabama do hereby make, constitute and appoint MICHAEL W.

FULLER, my true and lawful Attorney in Fact, for me and in my name, place and stead, and on my behalf and for my use and benefit to do the following acts. In the event MICHAEL W. FULLER declines to serve as my Attorney in Fact for any reason, I make, constitute and appoint LAURIE McCOY as my Attorney in Fact to do the following acts:

To exercise or perform any act, power, duty, right, or obligation whatsoever that I now have, or may hereafter acquire the legal right, power, or capacity to exercise or perform, including medical decisions in connection with, arising from, or relating to any person, medical professional, item, transaction, thing, business property, real or personal, tangible or intangible, or whatsoever;

To request, ask, demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension and retirement benefits, insurance benefits and proceeds, any and all documents of title, chose in action, personal and real property, tangible and intangible property and property rights, and demands whatsoever, liquidated or unliquidated, as now are, or shall hereafter become, owned by me, or due, owing, payable, or belonging to me, or in which I have or may hereafter acquire interest, to have, use, and take all lawful means and equitable and legal remedies, procedures, and writs in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to make, execute, and deliver for me, on my behalf, and in my name, all endorsements, acquittances, releases, receipts, or other sufficient discharges for the same;

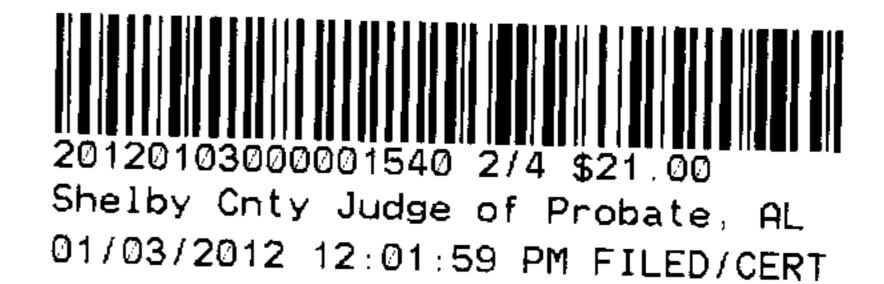
To lease, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any real or personal property whatsoever, tangible or intangible, or interest thereon, on such terms and conditions, and under such covenants, as my said Attorney in Fact shall deem proper;

To maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens, mortgage, subject to deeds of trust, and hypothecate, and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, for me, in my behalf, and in my name and under such terms and conditions, and under such covenants, as my said Attorney in Fact shall deem proper;

To conduct, engage in, and transact any and all lawful business of whatever nature or kind for me, on my behalf, and in my name;

To make, receive, sign, endorse, execute, acknowledge, deliver, and possess such applications, contracts, agreements, options, covenants, conveyances, deeds, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, drafts, bills of exchange, letters of credit, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of, banks, savings and loan associations, credit unions, or other financial institutions or associations, proof of loss, evidences of debts, releases, and satisfaction of mortgages, liens, judgments, security agreements and other debts and obligations and such other instruments in writing of whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted;

And if my estate is ample to provide for the purposes implicit herein, to make gifts to my family, to charity and other objects as I might have been expected to make.



I grant to my said Attorney in Fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my said Attorney in Fact, or his substitute, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted;

This instrument is to be construed and interpreted as a durable power of attorney. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the powers herein granted to my said Attorney in Fact.

The rights, powers and authority of said attorney in fact herein granted shall not be exercised until such time as the written opinion of my personal physician indicating that I am not mentally capable of transacting my business affairs has been obtained and is attached to this durable power of attorney; this durable power of attorney shall not be affected by disability, incompetency, or incapacity of the said principal, **FRED E. FULLER**, and such rights, powers, and authority herein granted shall remain in full force and effect until the death of the principal, **FRED E. FULLER**, or until a written revocation of this Durable Power of Attorney is signed by me and recorded in the Office of the Judge of Probate of Cullman County, Alabama

HIPAA Authority. Pursuant to 45 CFR §164.508, and solely for the purposes of making a determination of my disability and obtaining an affidavit of such disability by a physician, I authorize any health care provider to disclose to the person named herein as my agent, by mail, fax, electronic transmission, or verbally, any pertinent individually identifiable health information, including any protected health information, sufficient to determine whether I am by reason of illness or mental or physical disability unable to give prompt and intelligent consideration to financial matters. This consent is valid until revoked by me in writing making specific reference to this Authorization, which written revocation shall constitute an "expiration event" for purposes of HIPAA.

& THOMPS	Counselors at Law
HOMPSON	Attorneys and (

35055

CULLMAN,

IN WITNESS WHEREOF,	I have signed this Durable Power of Attorney at
	2 May of Deem 22010.

FRED E. FULLER

## STATE OF ALABAMA ) COUNTY OF CULLMAN )

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that **FRED E. FULLER** whose name is signed to the foregoing Durable Power of Attorney, and who is known to me, acknowledged before me on this day, that, being informed of the contents of the Durable Power of Attorney, he executed the same voluntarily on the day the same bears date.

Given under my hand official seal this  $2^{\frac{MO}{2}}$  day of December, 2010.

Notary Public

My commission axpicers

9-18-2013