SPECIAL POWER OF ATTORNEY

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_	KNOW ALL	PERSONS BY	Y THESE PR	RESENTS,	which are	intended to	constitute, a	Special Du	rable Power	of Attorney,	that I,
Dan i	eiRTohns:	a legal resident	of Hahan	y a	and present	ly residing a	at 45 W Ci	her	by make, c	onstitute and	appoint
Deric	ERRJOHNS	residing at 53	Plescoscort 74	as my	Attorney-ir	1-Fact, to act	t in my name,	place and st	ead in any w	ay which I cou	ald do if
	I were persona	PERSONS BY a legal resident, residing at legal resent, with	the respect to	the following	ng:		•	•	•		

- (A) To deposit or withdraw for any purpose, in or from any bank or other financial institution, any funds, checks, or other credits which I now or hereafter may have on deposit or be entitled to, and to endorse, cash and receive the proceeds of any and all checks, vouchers, or other orders for money, to open or close accounts, and to receive statements, vouchers, notices or other documents from any bank or other financial institution concerning any and all accounts or banking transactions in my name or in which I may have an interest;
- (B) To have access for all purposes to any or all safety deposit boxes or vaults rented in my name or in the names of any other person or persons and myself, with full power to use the same for safe-keeping any property or papers, and to remove therefrom at any time, or from time to time, all or any part of the contents of any such box or vault;
- (C) To borrow money and to execute in my name any instrument evidencing indebtedness incurred on my behalf and to extend and renew the same, as well as any indebtedness heretofore incurred by me, for the payment of which I may in any way be liable.

TERMINATION: This Special Durable Power of Attorney shall terminate on 1 th day of 2012, 2013, unless I revoke it sooner in writing.

This Special Durable Power of Attorney shall not be revoked or terminated by my disability, nor shall the agency created by this Special Durable Power of Attorney be revoked or terminated by my death or disability as to my Attorney-in-Fact or such other person, who without actual knowledge or actual notice of my death has acted or acts in good faith, under, or in reliance upon, this Special Durable Power of Attorney, and any action so taken, unless otherwise invalid or unenforceable, shall be binding upon me, my heirs, devisees, and personal representatives.

If prior to the termination date, a written statement by a licensed physician, signed and acknowledged before a Notary Public prior to the termination date, is attached to this document stating that I am mentally or physically incapacitated, this Special Durable Power of Attorney shall remain in full force and effect until I am no longer deemed incapacitated.

If on the above termination date I am carried in a military status of "missing", "missing-in-action", or "prisoner of war", this Special Durable Power of Attorney shall remain valid and in full force and effect until sixty (60) days after I have been returned to United States Military control and termination of such status.

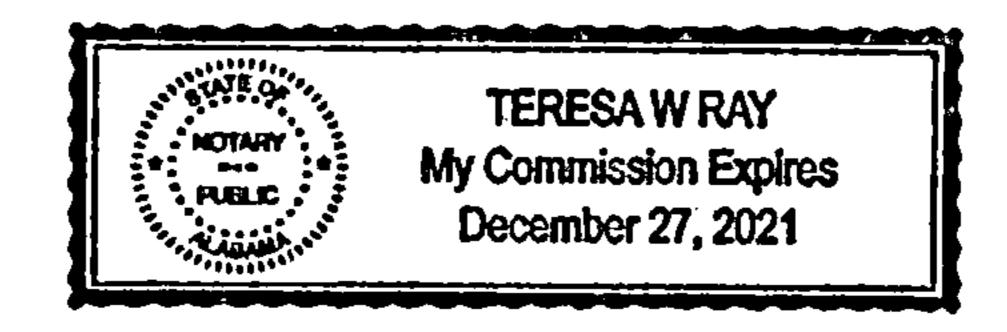
To induce a third party to act under this Special Durable Power of Attorney, I agree that any third party may rely upon this document, and that revocation or termination shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination has been received by such third party. I also agree for myself, my heirs, executors, legal representatives and assigns, to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied upon the provisions of this Special Durable Power of Attorney.

IN WITNESS THEREOF, I have executed this Special Durable Power of Attorney on 3 th day of 10 20 19

Subscribed and sworn to before me in my Presence, this 315 day of 169 2019, a Notary Public in and for the

County of Shelb, State of alabama

(Signature) Notary Public My commission expires 12/27, 2021



STATE OF Abbana COUNTY OF Shelf,
On 31th day of wy 2019, before me, Ierex Ray
On Notary Public, personally appeared Daniel F. Johns, known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, or the entity upon behalf of which the person acted, executed the instrument. My Commission Expires: Shelby Cnty Judge of Probate, AL '06/03/2019 09:57:17 AM FILED/CERT TERESA W RAY My Commission Expires
December 27, 2021