| UNIVERSAL SURETY | OF AMERICA |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| NOTARY PUBLIC | BOND |
| | |
| STATE OF ALABAMA | 20251016000318580 1/4 \$69 00 |
| COUNTY OF Shelby | Shelby Cnty Judge of Probate, AL 10/16/2025 11:05:07 AM FILED/CERT |
| KNOW ALL PERSONS BY THESE PRESENTS: | Bond No. 005011883 |
| FIFTY THOUSAND DOLLARS (\$50,000), for the payment of which well and truladministrators and assigns, firmly by these presents, and we hereby waive our right | y to be made and done, we bind ourselves, our heirs, executors, to claim personal property exempt under the laws of Alabama. |
| Sealed with our seals, and dated this | ,00d. |
| The condition of the above obligation, that whereas the above bound Principle day of,,, | pal was duly appointed to the office of Notary Public on the of four years from the date of Notary Commission in State of |
| Now, if the said Principal shall faithfully perform and discharge all the duties obligation to be void, otherwise to remain in full force and effect. X | s of said office during his continuance therein then the above (L.S.) Signature of Applicant - Principal |
| SSOCIAL INTO | |
| S S S S S S S S S S S S S S S S S S S | RSAL SURETY OF AMERICA |
| By AMERICANIII | Jack Diestelhorst, Attorney-in-Fact |
| Taken and approved this | 2025 Qui |
| <u>CMP 10 10 2029</u> | Judge of Probate |
| OATH OF OFFI | CE. |
| STATE OF ALABAMA_ | |
| COUNTY OF Je fferson | |
| I,Peyton Huey | |
| States and the Constitution of the State of Alabama, so long as I continue a citizen duties of the office upon which I am about to enter, to the best of my ability, so help | lemnly swear that I will support the Constitution of the United thereof; and that I will faithfully and honestly discharge the me God. |
| | Homan H. no |
| · X · · | Signature of Principal |
| I, the undersigned authority, in and for said County and State, hereby certify that | Pevton Huev |
| whose name is signed to the foregoing and who \square is personally known to me \square or personal or agency, who being first duly sworn on oath, acknowledged before me on this day, (s) he executed the same voluntarily on the day the same bears date. | produced photo identification issued by a governmental entity |
| Given under my hand this the day of day of | <u>, 2025</u> . |
| XX | Contha Parter |
| Mu Con | mission Expires: May 20, 20 |
| CYNTHIA P. CARTER NOTARY My Commission Expires May 20, 2029 | minission Expires: |
| Form F8149-9-2018 | |
| | |

UNIVERSAL SURETY OF AMERICA

POWER OF ATTORNEY

| KNOW ALL MEN BY THESE PRESENTS | KNOW AL | L MEN | BY | THESE | PRESE | NTS: |
|--------------------------------|---------|-------|----|-------|-------|------|
|--------------------------------|---------|-------|----|-------|-------|------|

| That U | NIVERSAL SURETY OF AN | IERICA, a corporation of | organized and ex | istina under the | e laws of the S | State of South Dakota |
|-------------------------|------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------|---------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| and authori | zed and licensed to do busir | ness in the States of Ala | bama, Alaska, A | rkansas. Califo | rnia Colorado | n Delaware District of |
| Columbia, i | riorida, Georgia, Idaho, Indi | ana, Iowa, Kansas, Ker | าtucky, Louisiana | a. Marvland. M | assachusetts. | Michigan Minnesota |
| wiississippi, | iviissouri, ivioņtana, Nebras | ska, Nevada, New Jers | ev. New Mexico | . New York, N | Iorth Carolina | North Dakota Obio |
| Okianoma, Washington | Oregon, Pennsylvania, Rho | ode Island, South Card | olina, South Dak | kota, Tennesse | e, Texas, Ut | ah, Vermont, Virginia, |
| ••aomigio | n, West Virginia, Wisconsin, N | wyoming, and the Unite | a States of Ame | rica, does here | by make, con | stitute and appoint |
| | Larry Kasten | | _ of | Siou | x Falls | - · , , |
| State of | South Dakota | , its regula | rly elected | Vice | Presiden | <u>t</u> , |
| as Attorney | -in-Fact, with full power and | authority hereby confer | red upon him to | sign, execute, | acknowledge | and deliver for and on |
| its behalf as | Surety and as its act and de | sed, the following bond: | | • | | |
| One | Notary Public | • | • | | | |
| | | | | | · | |
| bond with be | ond number <u>005011883</u> | | | | | |
| | | | | 1 | | } |
| for | | Peyton Huey | | | 202510160003 | 318580 2/4 \$69.00 |
| as Principal | in the penalty amount not to | <u> </u> | | | Shelby Chty | Judge of Probate, AL 11:05:07 AM FILED/CER |
| | ointment is made under and by | | | ov the Board of Γ | irectors of Univ | ereal Surety of America |
| at a meeting r | neld on the 21st day of July, 200 |)6, to-wit: | | | | |
| "BE IT R | RESOLVED, that the President, | and any Vice President, S | ecretary or any As | sistant Secretary | shall be and is | hereby vested with full |
| power and au | thority to appoint any one or mo | re suitable persons as Atto | rney(s)-in-Fact to | represent and ac | t for and on beh | alf of the Company " |
| KESUL | VED that the signature of any o | fficer of the corporation, ar | nd the seal of the d | corporation may b | e affixed or pri | nted by facsimile to any |
| This Po | ney of the corporation, and that ower of Attorney may be signed | Such printed facsimile sign by digital signature and set | lature and seal sha | all be valid and bi | nding upon the | corporation." |
| by the authori | ty of the following Resolution ac | lopted by the Board of Dire | ectors of the Comp | anv by unanimou | ıs written conse | orporate seat under and on the day of |
| Aprii, 2022. | | | | | | |
| "RESOL" | VED: That it is in the best inte | rest of the Company to pr | eriodically ratify ar | nd confirm any c | orporate docun | nents signed by digital |
| deed of t | es and to ratify and confirm the the Company." | use of a digital or otherwis | e electronic-forma | tted corporate se | eal, each to be | considered the act and |
| | ess Whereof, the said UNI | VERSAL SLIBETY OF | AMEDICA has | coulond those | | h |
| Vice | President with t | he corporate seal affixed | d this $\frac{1s}{}$ | _ | | |
| 2025 | | no corporate sear anixe | u uus <u> </u> | t day of | | ctober, |
| | | • | | | | |
| ATTEST | _ | • | | | | |
| | n/L | | | | | |
| | Manns | | | | 120 | |
| | L. Oltmanns | , Assistant Secretary | Ву | 7-7 | A del | Kasten, Vice President |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Larry | Nasien, vice Fresident |
| | | | | | | MINIMINING TO THE PARTY OF THE |
| | • | | | | | ILRSAL SUM |
| | • | | | | | SOR PORAL SI |
| STATE OF 9 | SOUTH DAKOTA | | | | | |
| | ≻ss | | | | | SEAL |
| COUNTY O | F MINNEHAHA | • | | | | |
| | | | | | | O'TH DAYO |
| On this | 1st day of | October_ | 2025 | , before me, a l | Motany Dublic | Har AMER COM |
| <u></u> | Larry Kasten | an | | • | Oltmanns | persh all happeared |
| who, being | by me duly sworn, acknow | | | | | eident and Accietant |
| Secretary, re | espectively, of the said UNIV | JERSAL SURFTY OF A | AMFRICA and a | acknowledged | said instrumo | at to be the volunters |
| act and deed | d of said Corporation. | | WILLIAMON, and a | ackilowieugeu (| said ilistiumei | it to be the voluntary |
| ÷ | فه وی فی | /3344- ∳ | | | | |
| Į. | S. GREEN | \$ | | |) | |
| \$ | • | ** * * * * * * * * * | | _X + | ~ 1 0 0 / | |
| \$ | SEAL SOUTH DAKOTA | | | كل. ك | | <u> </u> |
| - 1 | ئ وتلونا وبارتاوباز نهاوتاونا وبارجاوبازباوبازبازبازباربارباربارباربا | My Commission | Expires Febr | uary 12, 20 | 27 | Notary Public |
| To walidate | hand authantiaite ea t | | . ^ . | | | |

To validate bond authenticity, go to <u>www.cnasurety.com</u> > Owner/Obligee Services > Validate Bond Coverage.

Form F9702

Allison S. Boyd Judge of Probate

Kimberly A. Melton Chief Clerk



Judicial Division - (205) 670-5210 Recording Division - (205) 670-5220

20251016000318580 3/4 \$69.00 Shelby Cnty Judge of Probate, AL 10/16/2025 11:05:07 AM FILED/CERT

Probate Court of Shelby County, Alabama

Post Office Box 825 • Columbiana, Alabama 35051 website: www.shelbyal.com/285/Probate-Court

Below you will find your Commission as a Notary Public. Please detach the commission card and keep it in a secure place. If your commission is being renewed this card will replace any previously issued commission card. Note that your commission card indicates the term of your current commission and it is important that you begin the renewal process in advance of the expiration of your commission to ensure there is no break in service.

The office of Notary Public is a serious and responsible public office and should not be taken lightly. Abuse of the office or irresponsibility in the performance of notarial duties can result in grave consequences. If a Notary Public has doubts about the propriety of any action, he or she should seek competent professional advice before he or she acts.

A Notary Public is a public officer whose function it is:

- 1. To administer oaths; and
- 2. To attend and certify, by his signature and official seal, certain classes of documents, in order to give them credit and authenticity; and
- 3. To take acknowledgments of deeds and other conveyances and certify the same; and
- 4. To perform certain official acts, chiefly in commercial matters, such as the protesting of notes and bills, the notice of foreign drafts, and marine protests in cases of damage.

You will need to obtain your notarial seal prior to performing any official acts. It is required that your notarial seal reflect your name as stated in the below commission card.

NOTARY PUBLIC COMMISSION

In the name of the State of Alabama and pursuant to the authority granted me as Judge of Probate for Shelby County, I hereby Commission_PEYTON HUEY_as Notary Public for the State at Large for the term beginning on _10/16/2025_ and ending on _10/16/2029_.

BANGER

ALLISON S. BOYD



10/16/2025 11:05:07 AM FILED/CERT

In the Probate

Court of

Allison \$. Boyd Judge of Probate

Shelby County

State of Alabama PUBLIC COMMISSION

(MUST BE A RESIDENT OF COUNTY WHERE APPLICATION IS MADE)

APPLICATION FOR NOTARY

\$10.00* APPLICATION FEE IS DUE AT THE TIME APPLICATION IS SUBMITTED

| | Date: <u>09/25/2025</u> |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Name: Peyton Huey |
| | (Print your name as it appears on driver's license, non-driver ID, or other current valid photo ID) |
| 2. | Home Address: 2117 Bailey Brook Ct Apt/Suite #: |
| 3. | City/State/Zip: Hoover AL 35244 County of Residence Shelby |
| 4. | Mailing Address (If Different): |
| 5. | Date Of Birth: 08/13/1970 Email Address phuey@constangy.com |
| 6. | Phone Numbers: Work 205-226-5473 Home 205-913-5117 |
| 7. | Have you ever been convicted of a felony or crime of moral turpitude? YES _X_NO (If YES, Please Provide Details On Page 2) |
| 8. | Are you currently a debtor in a bankruptcy proceeding?YES X NO |
| 9. | Are you currently under an order adjudicating you incapacitated? YES NO |
| 10. | Are you currently or have you ever been a commissioned notary public in Alabama? |
| • | X YES (County Shelby Expiration Date: 11/24/2025) NO |
| , | |
| 11. | Peyton Huey (Print Your Name Exactly As It Is To Appear On Notary Commission) |
| | BY SIGNING BELOW I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN (PAGES ONE AND TWO) IS TRUE AND CORRECT AND THAT I AM ABLE AND WILLING TO COMPLETE THE MANDATORY TRAINING FOR NOTARY PUBLICS (UNLESS EXEMPT BY LAW) WITHIN 30 DAYS OF THE DATE OF THIS APPLICATION. I FURTHER ACKNOWLEDGE THAT I UNDERSTAND THAT THE \$10.00* APPLICATION FEE IS NON-REFUNDABLE AND TIME IS OF THE ESSENCE (I.E. TIME DEADLINES ARE STRICTLY ENFORCED.) |
| • | ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE MADE UNDER THE FEAR OF THE PENALTY OF PERJURY. THE CRIME OF PERJURY IS PUNISHABLE BY FINE AND/OR IMPRISONMENT. |
| Sig | nature: Plustini-Ituur |
| : - | This should be your usual signature and match the name printed on Line 1193 THIS SHOULD BE THE SIGNATURE YOU USE WHEN NOTARIZING A DOCUMENT |
| | THIS SHOULD BE IMPRIGNATORE TOO ODE WITH THE TOO THE STORY OF THE STOR |
| | |