

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT I, Andrea Ansman, residing at 10727 Riverstone Cir Louisville, KY 40219, do hereby make, constitute and appoint Patrice Hayes, my true and lawful attorney, for me and in my name, place and stead, hereby giving my said attorney full and complete authority. If the above mentioned person chooses not to serve, I then appoint: John Hayes.

To make, execute and deliver for me and in my name, any and all deeds, document writings, checks, drafts and notes, of all kinds and descriptions;

To generally do and perform any and all acts and things whatsoever in and about my estate, property and affairs, in all respects and as fully as I could do if personally present;

I hereby ratify and confirm each and every act or thing which my said attorney shall do or cause to be done by virtue thereof;

To make healthcare decisions for me. For the purposes of this document, "healthcare decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat any physical or mental condition.

The person designated above is given authority to inspect and disclose any information related to my physical and mental health, and is authorized to sign documents, waivers, and releases including documents titled or purporting to be a "refusal to permit treatment" and "leaving the hospital against medical advice" and to execute any waiver or release from liability required by a hospital or physician.

This power of attorney shall become effective upon my disability or incapacity.

IN WITNESS WHEREOF, I have duly executed this document this 30 day of March, 2015.

Andrea Ansman

STATE OF KENTUCKY

COUNTY OF Jefferson

On the 30th day of March, 2015, before me personally came Andrea Ansman, known to me to be the individual described in, and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

My commission expires:

[Signature]

NOTARY PUBLIC, STATE AT LARGE

