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And I, the said Leone S. Leach, do hereby ratify and confirm all acts of my attorney, and do declare that all acts and deeds performed under this instrument shall have the same full force and effect as if performed and signed by me in person, and this instrument shall be effective until revoked in writing or shall cease by operation of law.

This Power of Attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing her own estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _/7 day of October, 1979.

Leone S. Leach (SEAL)

SIGNED, SEALED, PUBLISHED AND DECLARED by the principal, Leone S. Leach, as and for her Power of Attorney in the presence of us, who at her request, in her presence and in the presence of each other. have hereunto subscribed our names as witnesses hereto.

uda M. Ceffers, Greenville,

Greenville, South Carolina

Greenville, South Carolina

Greenville, South Carolina

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

PROBATE

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within-named Leone S. Leach sign, seal and as her act and deed deliver the within Power of Attorney, and that she, with the other witnesses subscribed above, witnessed the execution thereof.

SWORN to before me this day of October.

July !

otary Public for South Carolina

My commission expires: 6/15/84

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