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confirm all things so done by my said Attorney, within the scope of the authority herein given, as fully and to the same extent as if by me personally done and performed.

(24) 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. It is my intention that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

8th day of March, 1983.

Audrey P. Bowlin (LS)
AUDREY P. BOWLIN

SIGNED, SEALED, PUBLISHED and DECLARED by AUDREY P. BOWLIN, as and for the granting of her Power of Attorney in the presence of us, who in the presence of each and in the presence of said principal, AUDREY P. BOWLIN, at her request, have hereunto set our names as attesting witnesses.

WITNESSES:

Laura H. Vines
Diana J. Hanson
Elizabeth K. Alwine

STATE OF SOUTH CAROLINA)
COUNTY OF GREENVILLE)

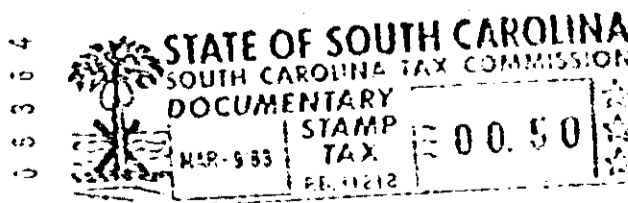
PROBATE

PERSONALLY appeared before me, the undersigned witness, and made oath that (s)he saw the within named AUDREY P. BOWLIN sign, seal and as her act and deed deliver the within written Power of Attorney, and that (s)he, with the other witness subscribed above, witnessed the execution thereof.

SWORN TO before me this 8th day)
of March, 1983.)

Elizabeth K. Alwine (LS)
Notary Public for South Carolina
My Commission Expires: 7/16/85)

Laura H. Vines



RECORDED MAR 9 1983 at 12:45 P.M.

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RECORD

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