

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

(25) I do hereby make, constitute and appoint my son, J. NEIL HOSKINS, as standby attorney. If, for any reason my wife, VIRGINIA S. HOSKINS, is incapable, either temporarily or permanently, of performing as my lawful attorney, then my son, J. NEIL HOSKINS, as standby Attorney, shall so serve as my true and lawful attorney with all the powers herein granted.

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

29 day of September, 1983.

John W. Hoskins
JOHN W. HOSKINS

SIGNED, SEALED, PUBLISHED and DECLARED by JOHN W. HOSKINS, as and for the granting of his Power of Attorney in the presence of us, who, in the presence of said principal, and at his request, and in the presence of each other, have hereunto set our names as attesting witnesses:

WITNESSES:

James B. Edge
Elizabeth M. Alwine
Stephen B. Kubik

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 JOHN W. HOSKINS, sign, seal and as his 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 29th)
day of September, 1983.)

Stephen B. Kubik (LS)
Notary Public for South Carolina
My Commission Expires: 5/31/89)

Elizabeth M. Alwine

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