

(7) This Power of Attorney shall not be affected by my physical disability or mental incompetence, or anything which may render me incapable of managing my own affairs.

Each and every act done and performed by my within named ATTORNEY-IN-FACT is hereby ratified and confirmed to the same extent as if the same were performed by me personally.

Any other Power of Attorney heretofore executed by me is hereby cancelled and terminated.

This Power of Attorney may be terminated by either party upon ten days written notice to the other party.

IN WITNESS WHEREOF, I hereunto set my hand and seal this 27 day of June, 1984.

Willie F. Graham Seal
Willie F. Graham, Principal.

SIGNED, SEALED, PUBLISHED AND DECLARED by the said Willie F. Graham, as her act and deed, in the presence of us, who in her presence, in the presence of each other, at her request, have hereunto subscribed our names as witnesses on the day and year above written.

Barbara D. Payne
Susan Weaver
Robert T. Ashmore

Wesley J. C.
Greenville, SC

STATE OF SOUTH CAROLINA }
COUNTY OF GREENVILLE }

PROBATE

Personally appeared the undersigned witness who upon oath says that She saw the within named Willie F. Graham, sign, seal and deliver the within Power of Attorney, and that She with the other two witnesses subscribed above, witnessed the execution thereof.

Barbara D. Payne

Sworn to before me this
27 day of June, 1984.
Robert T. Ashmore
Notary Public for South Carolina
My commission expires 10-8-89

STATE OF SOUTH CAROLINA
SOUTH CAROLINA TAX COMMISSION
DOCUMENTARY
STAMP TAX \$ 00.50