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and purposes as I might or could do if personally present and act ing.

I hereby ratify and confirm all acts done and caused to be done by my said Attorney in Fact, pursuant to this POWER OF ATTORNEY, and I direct that it shall continue in full force and effect until terminated by operation of Law. THIS POWER OF ATTORNEY shall not be affected by my subsequent physical disability or my mental incompetence, rendering me incompetent to manage my own estate.

IN WITNESS WHEREOF, I, Thelma L. McDaniel, have hereunto set my hand and seal this 24 day of October, 1984.

Thelma L. Repaniel SEAL

Linial Holon IX.
Setty Toucher

STATE OF SOUTH CAROLINA

PROBATE

COUNTY OF GREENATIFE

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within named Thelma L. AcDaniel, sign, seal and as her act and deed deliver the within written GENERAL POWER OF ATTORNEY and that (s)he and the other two witnesses hereto, at the request of Thelma L. AcDaniel and in her presence and in the presence of each other witnesses the execution thereof.

SWORN to before ne this

24 day of October, 1984.

Rotary Public for South Carolina My compission excises: 7-6-89.

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