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

I hereby ratify and confirm all acts done and caused to be done by my said Attorney in Fact, pursuant to this POWER OF ATTOR-NEY, 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, James B. McDaniel, have hereunto set my hand and seal this 24 day of October, 1984.

James B. HcDaniel SEAL

Sitty D. Hateker Sty T. Water

STATE OF SOUTH CAROLINA

PROBATE

COUNTY OF GREENVILLE _____

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within named James B. McDaniel, sign, seal and as his 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 James B. McDaniel and in his presence and in the presence of each other witnessed the execution thereof

SWORN to before me this

24 day of October, 1984.

Notary Jublic for South Carolina
My commission expires: 7-6-89.

12879

RECOTTED GOT 30,1087 at 8 WS AM