of the powers herein expressly granted with power to do and perform all acts authorized hereby, as fully to do all intents and purposes as the Grantor might or could do if present with full power of substitution.

The provisions of this Power of Attorney shall take effect upon the written statement of two duly qualified and practicing physicians that I am unable physically and mentally to handle my affairs.

The provisions of this Power of Attorney shall continue in full force and effect until revoked.

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.

IN TESTIMONY WHEREOF, I have hereunto set my Hand and Seal this 2 day of May, 1980.

John D. Nawken Van B. Navis	The W. THOMPSON
STATE OF SOUTH CAROLINA) (COUNTY OF ANDERSON)	PROBATE
PERSONALLY appeared before π	e <u>Mollie M. Holliday</u> who
being first duly sworn, deposes and stat	es that She saw the within named Theda
W. Thompson, sign, seal and as her act a	nd deed deliver the within written
Power of Attorney for the uses and purpo	ses set forth therein, and that she
with Patricia N. Hawkins/ Pam B. Davis	witnessed the execution thereof.
SWORN TO BEFORE ME THIS 2nd DAY OF MAY, 1980. NOTARY PUBLIC FOR SOUTH CAROLINA MY COMMISSION EXPIRES: 10-12-88	Drui Q. Heluday

PAGE TWO OF TWO PAGES

KARANTA SANTAN