

In view of the fact that situations may arise under this Power of Attorney in which my attorney in fact will occupy from a legal standpoint positions in which a conflict of interest is either real or apparent, I hereby declare that the existence of any conflict of interest of whatever nature and however arising shall not in any manner limit any of the powers herein conferred upon my attorney and he may perform any act which he is authorized to perform under this Power of Attorney, notwithstanding any such conflict of interest. I do hereby ratify and confirm all things so done by my said attorney, within the scope of the authority herein given, as fully and to the same extent as if me personally done and performed.

This Power of Attorney shall not be affected by physical disability or mental incompetence of the principal, which renders the principal incapable of managing her own estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7th day of December, 1981.

IN THE PRESENCE OF:

[Signature]
[Signature]

[Signature]
GRACE VOYLES SHALEULY

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)

PROBATE

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within named Grace Voyles Shaleuly sign, seal and as her act and deed deliver the within Power of Attorney and that (s)he, with the other witness subscribed above witnessed the execution thereof.

[Signature]

SWORN to before me this 7th day of December, 1981.

[Signature]
Notary Public for South Carolina
My Commission expires: 12/7/86

DOCUMENTARY
STAMP

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