tion and medical expense, hereby giving and granting to my said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in connection with the handling of my affairs as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney may do pursuant to this power.

のなっ

WITNESS:

Charlie E. Harper

Hadelle Polimetri

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

SNORN to and subscribed before me this //day of _____, 1974

Modelle Peterdel

Notery Fublic for South Carolina

Ny commission expires: Wy Commission Expires on Empe 4, 1979

RECORDED NOV 22'74 13093

4328 R