STATE OF SOUTH CAROLINA COUNTY OF GREENVILLE

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, CLYO H. AGNEW, a resident of 314 Wilton Street, County of Greenville, State of South Carolina, do hereby constitute and appoint VIDA H. SENN of 228 Midway Drive, County of Spartanburg, State of South Carolina, my true and lawful attorney for me and in my name, place and stead, it being the intention of Clyo H. Agnew to give to my attorney in fact all of the powers generally given to attorneys in fact and specifically it is my intention to give to my attorney in fact, Vida H. Senn, the broades possible powers so that she can act for me and in my name and stead and to do any and all things that she, in her sole discretion, deems proper under any circumstances. Being of a sound mind and fully understanding the intent of this document, I do hereby appoint Vida H. Senn my true and lawful attorney, conferring upon her the broadest powers possible to be given an attorney in fact.

This Power of Attorney shall not be affected by physical disability or mental incompetency of the said principal, Clyo H. Agnew, which renders the principal incapable of managing his own estate showing the intent of the principal, Clyo H. Agnew, that the authority conferred shall be exercisable notwithstanding her physical disability or mental incompetency. The authority of the Power of Attorney in Fact is exercisable by her as provided in the power on behalf of the principal, Clyo H. Agnew, notwithstanding later disabilities or mental incompetency of principal, Clyo H. Agnew; and all acts done by attorney in fact pursuant to the power during any period of disability or mental incompetency shall have same effect and inure to benefit of and bind principal, her heirs, devisees, legatees and personal representatives as if principal, Clyo H. Agnew, were mentally competent and not disabled. That attorney in fact shall have a fiduciary relationship with principal, Clyo H. Agnew, and shall be accountable and responsible as a fiduciary.

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SECTION AND ADDRESS.