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.

STATE OF SOUTH CAROLINA)

COUNTY OF ANDERSON) PROBATE

PERSONALLY appeared before me Mollie M. Holliday ___ who being first duly sworn, deposes and states that She saw the within named William A. Brown, Jr., sign, seal and as his act and deed deliver the within written Power of Attorney for the uses and purposes set forth therein, and thats_he with Patricia N. Hawkins/ Pam B. Davis witnessed the execution thereof.

SWORN TO BEFORE ME THIS 2nd

DAY OF MAY, 1980.

MY COMMISSION EXPIRES: 10-12-88

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