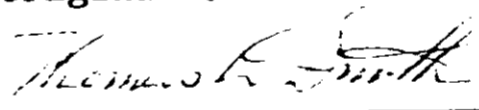


This Power of Attorney shall not be affected by my physical disability or mental incompetence which renders me incapable of managing my own estate. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical or mental incompetence.

Attorney and Attorney's heirs, successors and assigns are hereby released and forever discharged from any and all liability upon any claim or demand of any nature whatsoever by me, my heirs or assigns, the beneficiaries under my Will or any person whomsoever on account of any failure to act as attorney pursuant to this Power of Attorney.

Notwithstanding any provision to the contrary, Attorney shall not satisfy the legal obligations of Attorney out of any property subject to this Power of Attorney, nor may Attorney exercise this Power in favor of Attorney, Attorney's estate, Attorney's creditors or the creditors of the Attorney's estate.

IN WITNESS WHEREOF, as Principal, I hereunto affix my hand and seal to this Power of Attorney this 4th day of August, 19 82, in multiple counterpart originals.


 _____ (SEAL)
 THOMAS L. SMITH

STATE OF SOUTH CAROLINA)
)
 COUNTY OF GREENVILLE)

ATTESTATION

The foregoing Power of Attorney was this 4th day of August, 19 82, signed, sealed, published and declared by the Principal as the Principal's appointment and empowerment of an Attorney-in-Fact, in the presence of us, who at the Principal's

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