business, of any kind or description, in the State of Virginia or elsewhere, as I myself might or could do if acting personally. And I hereby ratify and confirm all lawful acts done by my said attorney by virtue hereof. This Power of Attorney shall not terminate on disability of the principal.

WITNESS the following signature and seal, this 2day of August _____, 1967. WITNESSES: Marie Robinson Parks STATE OF VIRGINIA Washin CITY OF ALEXANDRIA, to-wit: I, the undersigned Notary Public in and for the City Washington District & Columbia of Alexandria, State of Mirginia, whose commission expires $\underline{}$, 196 ℓ , to hereby certify on the // day of that MARIE ROBINSON PARKS, whose name is signed to the writing foregoing, bearing date on the u day of u1967, has this day acknowledged the same before me in my City aforesaid. Given under my hand this \underline{Z} day of 1967. Novary Publicustic DISTRICT OF COLUMBIA DISTRICT OF COLUMBIA

CITY OF WASHINGTON, to-wit:

PROBATE

Personally appeared before me the undersigned witness and made oath that (s)he saw the above maker sign, seal and as maker's act and deed deliver the within Power of Attorney and that said witness together with the other witness whose name is also above subscribed witnessed the execution of the within Power of Attorney by maker,

Sworn to before me this day of Queust Notary Public for District 65 My Commission expires: 5-14-43 δ₹ Columbia Recorded December 9, 1968 At 9:22 A.M. # 13938