STATE OF SOUTH CAROLINA

GENERAL POWER OF ATTORNEY

WHEREAS, I, JOE E. BATSON, realize that I may become unable to handle my business affairs, and it would be highly desirable in my case to have someone fully authorized to transact any and all business matters for me; AND,

WHEREAS, I have implicit confidence in my wife, MARY P. BATSON, and wish to appoint her as my lawful attorney-in-fact, vesting in her very broad and general powers to act as my lawful attorney-in-fact, including the right to sign hospital admissions and discharges, medical authorizations, checks, deeds, notes, mortgages, and any and all other legal documents in my name and in my behalf, and also vesting in her the right to enter my lock box at any bank or banks or other institutions where I may have a safe deposit box; NOW,

KNOW ALL MEN BY THESE PRESENTS that I, JOE E. BATSON, hereby constitute and appoint MARY P. BATSON, as my lawful attorney-in-fact, hereby vesting in her very broad and general powers to handle any and all business matters for me, including the right to sign hospital admissions and discharges, medical authorizations, checks, deeds, notes, mortgages, and any and all other legal documents in my name and in my behalf, including the right to enter my lock box at any bank or banks or other institutions where I may have a safe deposit box, and any such business transacted by her shall carry the same legal efficacy as though Ihad signed same, and this is to confirm and ratify any business transactions done in my name and in my behalf by the said MARY P. BATSON and any person or persons, firm or firms relying on this Power of Attorney are hereby fully protected, and I hereby bind myself and my heirs and assigns to abide by the terms | hereof.

THIS POWER OF ATTORNEY is irrevocable and shall only be revoked by my death or by an instrument duly filed in the Office of the Clerk Greenville County, South Carolina revoking said Power of Attorney. of Court for

IN WITNESS WHEREOF I hereunto set my hand and seal this 14th day

Jae E. Botson

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