My Attorney shall have full power of substitution and revocation, and such substitution or revocation may relate to or be limited to any one or more or all of the foregoing acts or powers, or limited as to time or in any other respect as my Attorney shall deem proper.

In view of the fact that situations may arise under this Power of Attorney in which my Attorney in fact will occupy from a legal standpoint positions in which a conflict of interest is either real or apparent, I hereby declare that the existence of any conflict of interest of whatever nature and however arising shall not in any manner limit any of the powers herein conferred upon my Attorney and he may perform any act which he is authorized to perform under this Power of Attorney, notwithstanding any such conflict of interest. I do hereby ratify and confirm all things so done by my said Attorney, within the scope of the authority herein given, as fully and to the same extent as if by me personally done and performed.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 7th day of March, 1977.

IN THE PRESENCE OF:

Lucia E. Jones (LS)

Elaine H. Baize

*****

STATE OF SOUTH CAROLINA)
) PROBATE
COUNTY OF GREENVILLE)

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within named Lucia E. Jones sign, seal and as his act and deed deliver the within Power of Attorney and that (s)he, with the other witness subscribed above witnessed the execution thereof.

SWORN to before me this

7th day of March. 1977.

(LS

Elaine H. Baize

Notary Public for South Carolina

My Commission Expires: 4/7/79

20194

RECORDED DEC 30 1983 at 11:09 A.M.