

such account or any similar account.

(7) To receive payment of any indebtedness due me or any money coming to me, and to receive payment of dividends, interest and principal, and to give receipts, releases and acquittances therefor.

(8) To open and have free access to any lockbox to which I have access, and to all the contents thereof.

(9) To purchase or otherwise acquire any note, bond or mortgage, to assign, transfer, modify, extend or satisfy any such instrument now or hereafter held by me or in which I have any interest upon such terms as my Attorney shall deem proper.

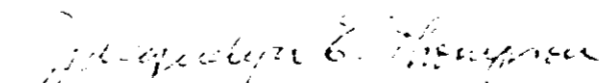
In view of the fact that situations may arise under this Power of Attorney in which my Attorney in fact will occupy from a legal standpoint positions in which a conflict of interest is either real or apparent, I hereby declare that the existence of any conflict of interest of whatever nature and however arising shall not in any manner limit any of the powers herein conferred upon my Attorney and she may perform any act which she 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.

This Power of Attorney shall not be affected by physical disability or mental incompetence of the principal, which renders the principal incapable of managing her own estate.

IN WITNESS WHEREOF, I Susan T. Duffy, as principal, and Jacquelyn E. Thompson, as Attorney, have hereunto set our hands and seals this 8<sup>th</sup> day of June, 1984.

 (SEAL)  
SUSAN T. DUFFY

I accept this appointment, and in so doing, acknowledge my fiduciary relationship to Susan T. Duffy, Principal, and that I am thus accountable and responsible to Susan T. Duffy, Principal, as a fiduciary.

 (SEAL)  
JACQUELYN E. THOMPSON  
Attorney-in-Fact

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