

Attorney may be dealing under this instrument.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 30 day of November, 1984.

Harold S. Swope  
HAROLD S. SWOPE

SIGNED, SEALED, PUBLISHED, AND DECLARED by the above named Principal, HAROLD S. SWOPE, as and for his Power of Attorney in the sight and presence of us, who, at his request and in his presence and sight and in the sight and presence of each other, have hereunto signed our names as attesting witnesses.

James S. Swope                      Taylor SC  
Susan M. Wheeler                Taylor, SC  
W. H. Carter                        Greenville, S.C.

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

PERSONALLY APPEARED before me the undersigned witness who, on oath, says that (s)he saw the within named - HAROLD S. SWOPE sign, seal and as his act and deed deliver the foregoing Power of Attorney and (s)he with the other witness above witnessed the execution thereof.

James S. Swope

SWORN to before me this  
30 day of November 1984.  
Susan M. Wheeler  
Notary Public for South Carolina  
My Commission Expires: 10-17-89

1126

12-10-84