

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS THAT I, Richard Martin Dunkin III and wife, Robin D. Dunkin, presently residing at 8205 LaSalle Avenue, Batton Rouge, LA, 70806, do hereby appoint for me and in my name and stead, as my Attorney-in-Fact, Carol Turner, to ask, demand, sue for, collect, recover, and receive all sums of money, debts, dues, accounts, legacies, bequests, interests, dividends, annuities, and demands whatsoever as are now and shall hereafter become lawful ways and means in my name or otherwise, and to compromise and agree for the same, and acquitances or other sufficient discharges for the same, for me and in my name, and to make, seal and deliver, to bargain, contract, agree for, buy, sell, draw checks, mortgage, hypothecate, and in any and every way and manner deal in and the cash, goods, merchandise, stocks and bonds, chooses in action and other property, real and personal, in possession or in action and to release mortgages on lands or chattels and to make, do and transact all and every kind of business of whatsoever nature and kind, and to sign federal and state income tax returns, and declaration of estimated federal income tax returns. Also, to bargain, contract, agree for, purchase, receive and take lands, tenements, hereditments and accept the seizing and possession of all lands and all deeds and other assurances, and to lease, let, demise, bargain, sell, release, convey, mortgage and hypothecate lands, tenements and hereditments, upon such terms and conditions and under such covenants, as the said designee shall think fit and also for me and in my name and as my act and deed to sign, seal, execute and deliver and acknowledge such deeds, leases and assignments of leases, covenants, indentures, agreements, mortgages, hypothecates, bills, bonds, notes, receipts, evidences of debt, releases and satisfaction of mortgages, judgements and other debts, and such other instruments in writing of whatsoever kind or nature, including specifically the execution of checks for payment of bills and debts incurred by me, as may be necessary or proper in the premises; also to have access to any safe deposit box in my name and to draw checks and withdrawals on any bank and/or savings and loan association where I may have funds on deposit to my credit. I also grant to said designee the proxy to vote the shares of stock I own in any company. Giving and granting unto the said Carol Turner, full power and authority to do and perform and every act and thing whatsoever requisite and necessary to be done in and about the premises, including expressly the power to make gifts in my name to persons other than herself, as fully to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that the said Carol Turner, shall lawfully do or cause to be done by virtue of these presents.

This power of attorney shall not be affected by my subsequent disability or incapacity and shall continue to be exercisable notwithstanding my subsequent disability or incapacity.

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Further, more over in the event of my mental or physical incapacity, the acting Attorney-in-Fact shall be fully authorized to make any and all health care decisions, regarding my health care, treatment, and the expenditures of funds for medical expenses, treatments and needs. This authority shall be in addition to and not in lieu of any other power of attorney granted by me to others for such purposes.

However, with regard to any and all powers of attorney granted (and this provision shall govern and supersede any other such provision), if there is no reasonable expectation of my recovery from extreme physical and/or mental disability, or illness or injury, I direct and require that I be allowed to die of natural causes and not be kept alive by artificial means or heroic measures.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18th day of Dec, 1997

Alma Debbard
WITNESS
Marie Webb
WITNESS

[Signature]
RICHARD MARTIN DUNKIN III
Robin D. Dunkin
ROBIN D. DUNKIN

I declare under penalty of perjury and under the laws of Louisiana that the person who signed or acknowledged this document is personally known to me to be Richard Martin Dunkin III that Robin D. Dunkin, signed or acknowledged this durable power of attorney in my presence, that They, appeared to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as attorney-in-fact by this document, and that I am not a health care provider, an employee of a health care provider, the poerator of a health care institution nor an employee of a health care institution.

I further declare under penalty of perjury under the laws of Louisiana that I am not related to Richard & Robin Dunkley by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of Richard & Robin Dunkley, upon her death under a will now existing or by operation of law.

Suzanne Helgood
WITNESS

Anna Webb
WITNESS

LABRANCHE & LEJEUNE
5757 Corporate Blvd., Suite 101
Baton Rouge, LA 70808

ADDRESS

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STATE OF Louisiana
COUNTY OF East Baton Rouge

Before me, the undersigned authority, on this 18th day of Dec, 1997, personally appeared Suzanne Helgood, and Anna Webb known to me to be the Declarant and the Witnesses, respectively, whose names are signed to the foregoing instrument, and who, in the presence of each other did subscribe their names to the attached Durable Power of Attorney on this date, and that the said Declarant at the time of execution of said Power was over the age of eighteen (18) years and of sound mind and under no duress, fraud, or undue influence.

[Signature]
NOTARY PUBLIC

My Commission Expires:
at Sea

Prepared by: Labranche & Lejeune
5757 Corporate Blvd, Ste 101
Baton Rouge, LA 70808
601-429-8413

WARNING TO THE PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document you should know these important facts.

This document gives the person you designate as your agent (the attorney-in-fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent: (1) authorizes anything that is illegal; or (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to: (1) authorize an autopsy; (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes; and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask an attorney to explain it to you.

(Acts 1990, ch831, Sec.5.)