

STATE OF Mississippi
COUNTY OF DeSoto :

*File DeSoto Co.
Clerk*

**DURABLE
POWER OF ATTORNEY**

BOOK **0098** PAGE **0586**

KNOW ALL MEN BY THESE PRESENTS that I, WILLIAM COLEY PATTON, do constitute and nominate and appoint, WILLIAM WARREN PATTON, as my true and lawful attorney-in-fact and by these presents do empower my said attorney-in-fact to do and perform all acts and things in my place and stead, with the same full and complete legal force, effect and authority as though done by me in my own proper person and being, including but not limited to the following:

1. To hold, manage, obtain, sell or encumber generally all of my assets of every kind and description.
2. I specifically authorize my attorney-in-fact to do and perform all acts and things necessary and convenient to the management, investment and operation of my assets including complete management and control of any business investment program or otherwise, including, but not limited to, those powers enumerated under Section 91-9-101 through Section 91-9-119 of the Miss. Code, 1972 Annotated, as Amended, commonly referred to as "The Uniform Trustee's Powers Act".
3. I specifically authorize my attorney-in-fact to execute on my behalf trust agreements, management agreements and to place all or any part of my assets under management agreement with individuals, banking corporations or other entity for the management, operation, investment and control of all or any part of my assets.
4. I specifically authorize my attorney-in-fact, in case of my terminal illness, incompetency or inability to act, or in case of the need for surgery, to make all medical decisions, specifically including but not limited to decisions relating to life support, with the same full force and legal effect as if done by me in my own proper person and being, it being my intention that all decisions of my attorney-in-fact, medical and otherwise, shall be fully and finally binding on me, my

heirs, successors and assigns forever, and that all persons, firms and corporations relying on the directives, instructions and agreements made on my behalf through my attorney-in-fact, shall be fully released and discharged from and of any claim, demand or liability. The attorney-in-fact does not have the authority to make a particular health care decision if the principal is able to give informed consent with respect to that decision. The powers granted for making health care decisions are subject generally to the provisions of Section 41-41-151 et. seq. (Supp. 1990) known as the Durable Power of Attorney for Health Care Act.

In event I should become mentally incapable, I direct that this power-of-attorney shall continue in full and complete force and effect according to its terms.

This power-of-attorney will remain in effect during the Grantor's lifetime and can only be revoked by written revocation filed in the office of the office of the Chancery Clerk of De Soto County, Mississippi.

Notwithstanding any other provisions hereof, no authority to donate my body or parts is given hereby.

Witness my signature this the 15th day of May, 2003.

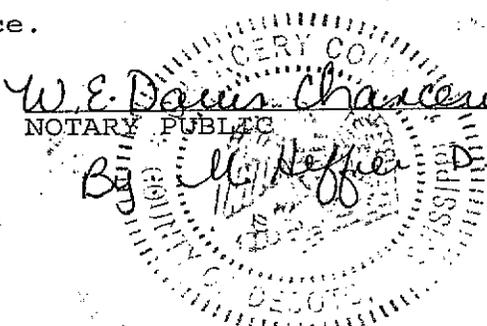
William Coley Patton
WILLIAM COLEY PATTON

STATE OF Mississippi :
COUNTY OF De Soto :

On this 15th day of May, in the year 2003 before me, a notary public, personally appeared WILLIAM COLEY PATTON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

My Commission Expires:

MY COMMISSION EXPIRES
JAN. 5, 2004

W.E. Davis Chancery Clerk
NOTARY PUBLIC
By W. Heffer D.C.


NOTICE TO PERSONS 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 the attorney in fact (your agent) the power to make health care decisions for you. This power exists only as to those health care decisions to which you are unable to give informed consent. The attorney in fact must act consistently with your desires as stated in this document or otherwise made known.

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.

The 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 statement of your desires and 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 (a) authorizes anything that is illegal, (b) acts contrary to your known desires, or (c) where your desires are not known, does anything that is clearly contrary to your best interests.

You have the right to revoke the authority of your agent by notifying your agent or your treating doctor, hospital or other health care provider in writing of the revocation and by recording a written revocation with the Chancery Clerk of Oktibbeha County, Mississippi.

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

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

This power of attorney will not be valid for making health care decisions unless it is either (a) signed by two (2) qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature or (b) acknowledged before a notary public in the state.

STATE MS. - DESOTO CO.
FILED

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W.E. DAVIS CH. CLK.