

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that as Principal (the "Principal") I, Donald B. Harrison of Desota County, Mississippi, have made, constituted, and appointed, and by these presents do make, constitute and appoint my son, Mark A. Harrison to serve as my true and lawful Attorney In Fact ("Attorney In Fact"), for me and in my name, place and stead.

ARTICLE I

POWERS

(1) Powers Generally. To do any and every act and thing and to enter into and carry out any and every agreement with respect to my property, whether real, personal or mixed, or any part thereof, which I may now or hereafter own, and generally to do and perform for me and in my name all that I might do if present and competent, including but not limited to, all of the following specific powers.

(2) Power to Sell. To sell any and every kind of property that I may own now or in the future, real, personal, intangible and/or mixed, including without being limited to contingent and expectant interest, martial rights, and any rights of survivorship incident to joint tenancy or tenancy by the entirety, upon such terms and conditions and security as my Attorney-In-Fact shall deem appropriate and grant options with respect to sales thereof and to make such disposition of the proceeds of such sale or sales (including expending such proceeds for my benefit) as my Attorney-In-Fact shall deem appropriate.

(3) Power to Buy. To buy every kind of property, real, personal, intangible or mixed, upon such terms and conditions as my Attorney-In-Fact shall deem appropriate, to obtain options with respect to such purchases, to arrange for appropriate disposition, use, safekeeping and/or insuring of any such property purchased by my Attorney-In-Fact, to buy United States government bonds redeemable at par in payment of United States estate taxes imposed at my death, to borrow money for the purposes described herein and to secure such borrowings in such manner as my Attorney-In-Fact shall deem appropriate, to use any credit card held in my name to make such purchases and assign such charge slips as may be necessary to sue such credit cards, and to repay from any funds belonging to me any money borrowed and to pay for any purchases made or cash advanced to sue in credit cards issued to me.

(4) Power to Invest. To invest and re-invest all or any part of my property in any property or interests (including undivided interests) in property, real, personal, intangible or mixed, wherever located, including without being limited to securities of all kinds, bonds, debentures, notes (secured or unsecured), stocks of corporations regardless of class, real estate or interests in real estate, whether or not productive at the time of investment, and participation in common or pooled trust funds without being limited by any statute or rule of law concerning investments by fiduciaries and to establish, utilize and terminate savings and money market accounts with financial institutions of all kinds.

(5) Power to Operate Business . To continue the operation of any business, including a farm, belonging to me or in which I have an interest for such time and in such manner as my Attorney-In-Fact shall deem appropriate, including but not limited to hiring and discharging my employees, paying my employee salaries and providing for employee benefits, and employing legal, accounting, financial and other consultants.

(6) Power to Borrow Money . To borrow money for my account upon such terms and conditions as my Attorney-In-Fact shall deem appropriate and to secure such borrowings by the granting of security interest in any property or interest in property which I may now or hereafter own.

(7) Power with Respect to Taxes . To represent me in all tax matters, to prepare, sign and file federal, state, and/or local income, gift and other tax returns of all kinds, including joint returns, FICA returns, payroll tax returns, claims for refunds, requests for extensions of time, petition to the tax court and other courts regarding tax matters, and any and all other tax related documents, including but not limited to consents and agreements under Section 2032A of the Internal Revenue Code or any successor section thereto and consents to split gifts, closing agreements, and any power of attorney form required by the Internal Revenue Service and/or any state and/or local taxing authority with respect to any tax year between years 2000 and 2035; to pay taxes due, collect and make such disposition of refunds as my Attorney-In-Fact shall deem appropriate, post bonds, receive confidential information and contest deficiencies determined by the Internal Revenue Service and/or any state and/or local taxing authority, to exercise any elections I may have under federal, state or local tax law, and generally to represent me or obtain professional representation for me in all tax matters and proceedings of all kinds and for all periods between the years 2000 and 2035 before all officers of the Internal Revenue Service and state and local authorities and to engage, compensate and discharge attorneys, accountant and other tax and financial advisers to represent and/or assist me in connection with any and all tax matters involving or in any way related to me or any property in which I have or may have any interest or responsibility.

(8) Power to Make Gifts . To make gifts, grants or other transfers without consideration either outright or in trust (including the forgiveness of indebtedness and the completion of any charitable pledges I may have made) to such person or organizations as my Attorney-In-Fact shall select and to consent to the splitting of gifts under Section 2513 of the Internal Revenue Code and any successor sections thereto and/or similar provisions of any state and local gift tax laws and to pay any gift tax that may arise by reason of such gift.

(9) Power to Make Loans . To lend money and property at such interest rate, if any, and upon such terms and conditions, and with such security, if any, as my Attorney-In-Fact may deem appropriate, and to renew, extend, and modify any such loan or loans that I may have previously made.

ARTICLE II CARE AND CONTROL OF MY PERSON

My Attorney-In-Fact is authorized in his sole and absolute discretion from time to time and at any time, with respect to the control and management of my person, as follows:

(1) Power to Provide for Principal Support . To do all acts necessary for maintaining my customary standard of living, to provide living quarters by purchase, lease or other arrangement, or by payment of the operating costs of my existing living quarters, including interest, amortization payments, repairs and taxes, to provide normal domestic help for the operation of my household, to provide clothing, transportation,

medicine, food and incidentals, and if necessary to make all necessary arrangements, contractual or otherwise, for me at any hospital, nursing home, convalescent home, hospice of similar establishment, and, if in the judgment of my Attorney-In-Fact I will never be able to return to my living quarters from the establishment, to lease, sublease or assign my interest as lessee in any lease or protect or sell or otherwise dispose of my living quarters (investing the proceeds of any such sale as my Attorney-In-Fact deems appropriate) for such price and upon such terms, conditions and security, if any, as my Attorney-In-Fact shall deem appropriate.

(2) Power to Nominate Conservator . To nominate and/or petition for the appointment of my Attorney-In-Fact or any person my Attorney-In-Fact deems appropriate as primary, successor or alternate guardian, guardian ad litem or conservator or to any fiduciary office (all of such offices being hereinafter referred to as "Personal Representative" representing me for any interest of mine or any person for whom I have a right or duty to nominate or petition for such appointment and to grant to any such personal representative all of the powers under applicable law that I am permitted to grant and to waive any bond requirement for such personal representative that I am permitted by law to waive.

ARTICLE III

HEALTH CARE

My Attorney-In-Fact is authorized in his sole and absolute discretion from time to time and at any time to exercise that authority described below relating to matters involving my health and medical care. In exercising the authority granted to my Attorney-In-Fact, my Attorney-In-Fact is instructed that he should try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even blinking my eyes. My Attorney-In-Fact is further instructed that if I am unable to give an informed consent to medical treatment, he shall give or withhold such consent to me based upon any treatment choices that I have expressed while competent, whether under this instrument or otherwise. If my Attorney-In-Fact cannot determine the treatment choice I would want made under the circumstances, then my Attorney-In-Fact should make such choice for me based upon what he believes to be in my best interests. Accordingly, my Attorney-In-Fact is authorized as follows:

(1) Power of Access and Disclosure of Medical Records . To request, receive and review any information, verbal or written, regarding my personal affairs or my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations, firms or corporation as my Attorney-In-Fact shall deem appropriate.

(2) Power to Employ and Discharge Health Care Personnel . To employ and discharge medical personnel, including physicians, psychiatrists, dentist, nurses, and therapists as my Attorney-In-Fact shall deem necessary for any physical, mental and emotional well-being, and to pay them, or any of them, reasonable compensation.

(3) Power to Give or Withhold Consent to Medical Treatment . To give consent to any medical procedures, tests or treatments, including surgery, to arrange for any hospitalization, convalescent care, nursing home care, home care, and hospice care, to summon paramedics or other emergency medical personnel and seek emergency treatment for me, as my Attorney-In-Fact shall deem appropriate, and under circumstances in which my Attorney-In-Fact determines that certain medical procedures, tests or treatments are no longer of any benefit to me, or, based on instructions previously

given by me are not desired by me regardless of benefit, to revoke, withdraw, modify or change consent to such procedures, test and treatment, as well as hospitalization, convalescent care, nursing home care, home care, or hospice care, which I or my Attorney-In-Fact may have previously allowed or consented to or which may have been implied due to emergency conditions.

(4) Power to Authorize Relief from Pain . To consent to and arrange for the administration of pain-relieving drugs of any kind, or other surgical or medical procedures calculated to relieve my pain even though the use may lead to permanent physical damage, addiction or hasten the moment of (but intentionally) my death, and to authorize, consent to and arrange for unconventional pain relief therapies which my Attorney-In-Fact believes may be helpful to me.

(5) Power to Grant Releases . To grant, in conjunction with any instructions given under this article, releases to hospital staffs, physicians, nurses and other medical and hospital administrative personnel who act in reliance on instructions given by my Attorney-In-Fact or who render written opinions to my Attorney-In-Fact in connection with any matter described in this article from all liability for damages suffered or to be suffered by me, to sign documents titled or purported to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice" as well as any necessary waivers of or releases from liability required by any hospital or physician to implement my wishes regarding medical treatment or non-treatment.

(6) To grant my Attorney-In-Fact to make health care decisions for me if I become unable to make my own health care decisions before and after my death, to the same extent that I could make such decisions for myself and to the full extent permitted by law, including making a disposition under the state's anatomical gift act in donating all usable organs, authorizing an autopsy, if necessary, and directing the disposition of my remains, as follows:

ARTICLE IV

REFUSAL OF MEDICAL TREATMENT

I wish to live and enjoy life as long as possible, but I do not wish to receive futile medical treatment, which I define as treatment that will provide no benefit to me and will only prolong my inevitable death or irreversible coma. I desire that my wishes be carried out through the authority given my Attorney-In-Fact by this document, despite any contrary feelings, beliefs or opinions of other members of my family, relatives or friends. In exercising the authority given my Attorney-In-Fact herein, my Attorney-In-Fact shall try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even by blinking my eyes. My Attorney-In-Fact is further instructed that if I am unable to give an informed consent to medical treatment, my Attorney-In-Fact shall give or withhold such consent for me based upon any treatment choices that I have expressed while competent, whether under this instrument or otherwise. If my Attorney-In-Fact cannot determine the treatment choice I would want made under the circumstances, then my Attorney-In-Fact should make such choice for me based upon what my Attorney-In-Fact believes to be in my best interests. Accordingly, if:

(1) Two licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that my condition is incurable, terminal and expected to result in my death within twelve months regardless of what medical treatment I may receive, and they have determined that I am unable to give informed consent to medical treatment; or

(2) Two licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that I have been in a coma for at least fifteen days and that the coma is irreversible, meaning that there is no reasonable possibility of my ever regaining consciousness, then my Attorney-In-Fact is authorized to sign on my behalf any documents necessary to carry out the authorizations described below, including waivers or released of liability required by any health care provider and to give or withhold consent to any medical care or treatment, or to revoke or change any consent previously

given or implied by law for any medical care or treatment, and to arrange for my placement in or removal from any hospital, convalescent home, hospice or other medical facility and to require that medical treatment which will only prolong my inevitable death or irreversible coma not be instituted, or, if previously instituted, to require that it be discontinued, and to require that procedures used to provide me with nourishment and hydration not be instituted or, if previously instituted, to require that they be discontinued, but only if the two physicians also determine that I will not experience pain as a result of the withdrawal of nourishment or hydration.

CERTIFICATION

I CERTIFY THAT I HAVE READ THE PROVISIONS OF THIS ARTICLE AUTHORIZING MY ATTORNEY-IN-FACT TO REFUSE MEDICAL TREATMENT FOR ME UNDER THE CIRCUMSTANCES SPECIFIED IN THIS ARTICLE, THAT SUCH PROVISIONS HAVE BEEN EXPLAINED TO ME TO MY SATISFACTION, THAT I UNDERSTAND SUCH PROVISIONS, AND THAT SUCH PROVISIONS STATE MY WISHES AND DESIRES UNDER THE CIRCUMSTANCES.

Donald B Harrison
Principal

ARTICLE V

DURABILITY PROVISION

This power shall not be affected by the subsequent disability or incapacity or incompetence of the undersigned as Principal, and all acts done by my Attorney-In-Fact pursuant to this Power of Attorney during any period of my disability or incompetence or any uncertainty as to whether I am dead or alive shall have the same effect and inure to the benefit of and bind me, my heirs, distributees, devisees, legatees, and personal representative as if I were alive, competent, and not disabled.

ARTICLE VI

REVOCATION, REMOVAL, AMENDMENT AND RESIGNATION

This instrument may be amended or revoked by me, and my Attorney-In-Fact may be removed by me at any time by the execution by me of a written instrument of revocation, amendment, or removal delivered to my Attorney-In-Fact. If this instrument has been recorded in the public records, then the instrument of revocation, amendment or removal shall be filed or recorded in the same public records. My Attorney-In-Fact may resign by the execution of a written resignation delivered to me, or if I am mentally incapacitated, by delivery to any person with whom I am residing or who has the care and custody of me.

IN TESTIMONY WHEREOF, I have executed this General Durable Power of Attorney this 12 day of June, 2006.

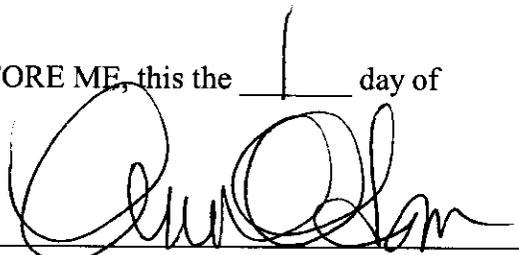
Donald B Harrison
Principal

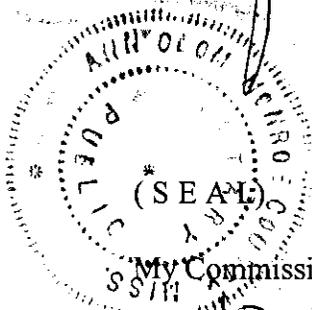
STATE OF MISSISSIPPI

COUNTY OF MONROE\

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction aforesaid, the within named, Donald B. Harrison, who after being by me first duly sworn stated on his oath that the matters and things stated in the above and foregoing Durable Power of Attorney are true and correct as therein stated, to the best of his knowledge and belief and that he signed, sealed and delivered same as and for his voluntary act and deed..

SWORN TO AND SUBSCRIBED BEFORE ME, this the 1 day of June, 2006.


NOTARY PUBLIC



My Commission Expires:
12-2-2006

PREPARED BY:
ELIZABETH ANN ODOM
ATTORNEY AT LAW
POST OFFICE BOX 180
AMORY, MS 38821
662-256-3438
MSB#3908