

230-54-3838 GENERAL POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

That I, **BETTY J. LAHMON**, date of birth is November 11, 1942 and Social Security Number _____, and address is 801 Valley Springs Drive, Southaven, Mississippi, 38671, do hereby appoint **James S. Lahmon**, Social Security Number _____, presently of 6440 Collinwood, Horn Lake, Mississippi, 38637, my true and lawful attorney-in-fact to manage and conduct all my affairs and act in all matters in my name in my behalf. Such acts shall include, but not limited to:

1. To, lease sell, use, establish title to, register, insure, transfer, mortgage, maintain, manage, pledge, exchange or otherwise dispose of or encumber any and all of my property, real, personal, or mixed, including motor vehicles of any kind, and to execute and deliver good and sufficient deeds or other instruments for the lease, conveyance, mortgage, maintenance, or transfer of the same.
2. To buy, receive, lease, accept or otherwise acquire in my name and for my account, property, real personal or mixed upon such terms, considerations and conditions as my said attorney-in-fact shall deem appropriate.
3. To transact all business of mine on behalf including entering into contracts and making of such investments as my attorney shall deem sound.
4. To institute and prosecute, or to appear and defend, and claims or litigation involving me or my interests. This shall include, but not be limited to, the authority to present a claim against the United States for damage to or loss of personal property.
5. To prepare, execute, and file all tax returns and to receive and negotiate all tax refund checks.
6. To executed all documents needed for travel of my family members and transportation or storage of my property, as authorized by law and Military regulations; to sign for and clear government or other quarters in the best interests of my family members and in accordance with law and Military regulations
7. To demand, act to recover, and receive, all sums of money which are now or will become owing or belonging to me, and to institute accounts on my behalf and to deposit, draw upon or expend such funds of mine as are necessary in furtherance of the powers granted herein. This shall include, but not be limited to, the authority to receive, endorse, cash, or deposit negotiable instruments made payable to me and draw upon the Treasurer, or other fiscal officer or depository, of the United States.
8. To make decisions and/or determinations regarding present and/or future, health care needs, either mental or physical, specifically, including but not limited to, the

right to choose proper assisted living care givers and placement thereof, should I, in the opinion of my attorney-in-fact, become needful of same.

The above described powers are merely examples of the authority granted by this document and not in limitation or definition thereof. However, my Agent shall have no rights or powers hereunder with respect to the following:

- a. Life Insurance: My Attorney shall have no rights or power hereunder to cancel or change the beneficiary of any policy of life insurance owned by me.
- b. Fiduciary Powers: My Attorney shall have no rights or powers hereunder with respect to any act, power, duty, right or obligation, relating to any person, matter, transaction or property, owned by me or in my custody as a trustee, custodian, personal representative or other fiduciary capacity for someone else.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING MY ESTATE PROPERTY, AND AFFAIRS AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT.

I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

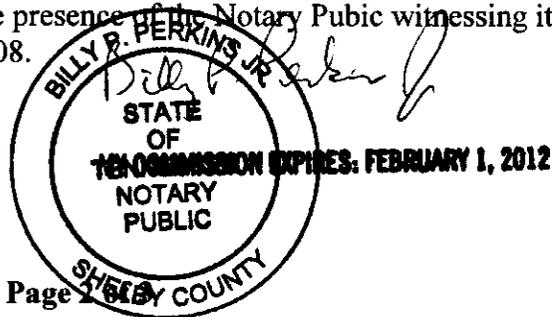
I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

I direct my attorney-in-fact to seek legal counsel in order to determine the existence of legal requirements such as required filing or placement of notices, which may affect the validity of this document.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall remain valid for an INDEFINITE period of time.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this the 16 th day of July, 2008.



[Signature]
WITNESS

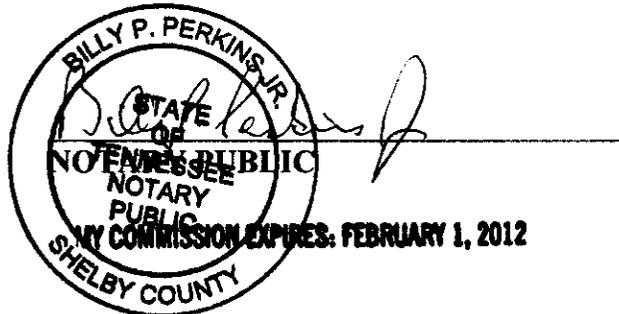
Betty J. Lahmon
BETTY J. LAHMON

Pamela A. [Signature]
WITNESS

STATE OF MISSISSIPPI
COUNTY OF DE SOTO

I, the undersigned, certify that I am a daily commissioned, qualified, and authorized notary public. Before me personally, within the territorial limits of my warrant of authority, appeared Betty Lahmon, who is known by me to be the person who is describe herein, whose name is subscribe to, and who signed this Power of Attorney as Grantor, and who having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my official seal on this the 16th day of July, 2008.



PREPARED By :
JAMES S. LAHMON
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HORN LAKE, MS 38637
662-393-8605