

SPECIAL POWER OF ATTORNEY FOR MEDICAL AUTHORIZATION

I, Lamar W. Keen of MS YH - Oxford, hereby appoint L. Greylin Keen Horn Lake as my attorney in fact to act in my capacity to do any and all of the following:

11/09/09 3:02:24  
DK P BK 134 PG 706  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

1. Make any and all decisions and authorize all procedures that MEDICAL TEAMS may deem necessary regarding the medical treatment of my children, myself and/or wife.

The rights, powers, and authority of my attorney in fact to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect and shall remain in full force and effect until death or unless specifically extended or rescinded earlier by either party.

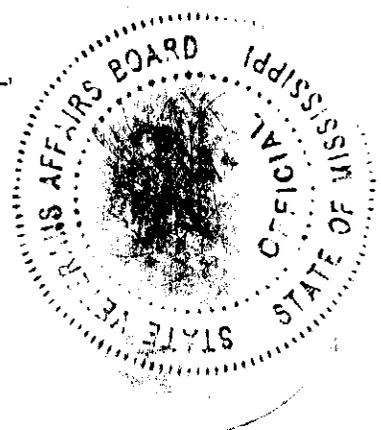
Prepared by and returned to: Lamar G. Keen  
6845 Dunbarton, Horn Lake, Ms.  
38637. 901-356-0049

Dated Nov. 6, 2009.

STATE OF MS COUNTY OF Lafayette

Signed: Lamar Keen LAMAR WESTLEY KEEN  
th.

BEFORE ME, the undersigned authority, on this 6 day of Nov. 2009, personally appeared Lamar Keen well known to be the person described in and who signed the Foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.



WITNESS my hand and official seal the date aforesaid.

NOTARY PUBLIC [Signature]  
**Notary Authority MS Code**  
My Commission Expires 1972 (Annotated) Section 35 1-15