



All rights, powers, and authority of my attorney in fact granted herein shall commence and be in full force and effect on the date of execution hereof, and such rights, powers and authority shall remain in full force and effect thereafter until one (1) year from the date of execution hereof.

This power of attorney shall not be affected by my subsequent mental or physical disability or incapacity, or my subsequent death without my attorney in fact knowing. It is specifically executed with the intent that should I become physically or mentally disabled or incapacitated, or should I die without my attorney in fact knowing, this power of attorney shall remain in full force and effect and not be affected thereby, all in accordance with the provisions of Mississippi law.

IN WITNESS WHEREOF, I have hereunto set my signature, on this 30<sup>th</sup> day of June, 2010.

  
\_\_\_\_\_  
Kenneth Hays

STATE OF Ms.  
COUNTY OF Hancock

Personally appeared before me, the undersigned Notary Public in and for said State and County, Kenneth Hays, the within named individual(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person(s) executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this the 30 day of July, 2010.

**Timothy A. Kellar**  
**Chancery Clerk**  
By: T.A. Kellar DC  
\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_  
  
My Commission Expires Dec. 31, 2011

(Seal)