

GENERAL POWER OF ATTORNEY

I, Jose De Jesus Andrade, being above the age of twenty-one (21) years and under no legal disabilities, residing at 7671 Fox Terrace Cove in Olive Branch, MS hereby appoint my Brother Oscar Andrade residing at 5666 Liles Lane, Olive Branch, MS 38654 as my Attorney-in-Fact ("Agent").

If my Agent is unable to serve for any reason, I designate my parents Felicitas Andrade and Gilberto Andrade, residing at 7577 Dunn Lane, Olive Branch, MS 38654 as my successor Agents.

I hereby revoke any and all general powers of attorney that previously have been signed by me and transfer all the rights given to me in any other power of attorney.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.

a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.

b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.

c. Have access to any safe deposit box that I might own, including its contents.

2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.

3. Purchase and/or maintain insurance, including life insurance upon my life and making any modifications to my existing life insurance policy number 14749247 issued by American national insurance company as my agent deems necessary.

4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.

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5. Enter into binding contracts on my behalf.
6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, or other investments.
7. Maintain and/or operate any business, equipment or vehicles that I may own.
8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.
9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.
10. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:
 - a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.
 - b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).
 - c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).
 - d. To receive and endorse my name to any and all veterans Administration, Social Security, State Retirement, Pension fund, or other retirement checks and vouchers, as well as dividend checks, and to give full acquittance therefor.
11. Make gifts from my assets to members of my family and to such other persons or charitable organizations with whom I have an established pattern of giving.
12. Transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer.
13. Make any and all health care decisions for me during any period of disability or illness including but not limited to directives to medical personnel not to resuscitate me, to stop feeding me, or to otherwise prolong my life by heroic measures if there is no reasonable chance of my survival and/ or recovery to a meaningful quality of life and health.

14. Disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith.

I Jose De Jesus Andrade authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated November 24th, 2010 at Olive Branch, Desoto County, State of Mississippi.

YOUR SIGNATURE:

Jose Andrade

YOUR PRINTED FULL NAME:

Jose Andrade

WITNESS #1's SIGNATURE:

Stephanie L. Canada

WITNESS#1's PRINTED FULL NAME:

Stephanie L. Canada

WITNESS #2's SIGNATURE:

Priscilla Lee

WITNESS #2's PRINTED FULL

Priscilla Lee

Acknowledgement:

STATE OF TN
COUNTY OF SHELBY

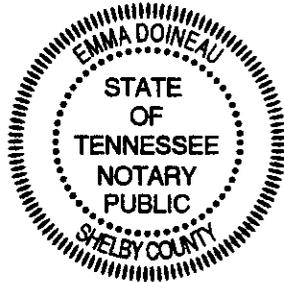
The foregoing instrument was acknowledged before me this 1st day of
December, 2010 by
JOSE DEJESUS ANDRADE

[YOUR FULL LEGAL NAME], who is personally known to me or who has produced
Mississippi Driver's License as identification.

Emma Doineau
Signature of person taking acknowledgment

EMMA DOINEAU
Name typed, printed, or stamped

NOTARY
Title or rank



Serial number (if applicable)

This document was prepared by: 5 RETURN TO

Name: OSCAR ANDRADE

Address: 5666 LILES LANE

OLIVE BRANCH MS 38654
901 283 8391