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## BRITISH SQUARE ASSOCIATES

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## A North Carolina Limited Partnership to be Formed

## SIGNATURE PAGE AND POWER OF ATTORNEY

I hereby agree to become a Limited Partner of British Square Associates, a limited partnership to be formed under the laws of the State of North Carolina (the "Partnership") and to be bound by all the terms and conditions of the Agreement of Limited Partnership (the "Partnership Agreement"), a copy of which is attached as an exhibit to the Confidential Private Placement Memorandum of British Square Associates, dated October 15, 1985.

I hereby irrevocably constitute and appoint Loyd R. Daniel, Jr. and B. Dale Stancil with full power of substitution, my true and lawful attorneys in fact, in my name, place and stead, with full power to act jointly and severally, to make, execute, sign, acknowledge, swear to, verify, deliver, file and record (a) any Certificate of Limited Partnership, or amendments thereto required or permitted to be filed on behalf of the Partnership; (b) the Partnership Agreement and all instruments which effect a change or modification of the Partnership in accordance with the Partnership Agreement and any amendments thereto; (c) any certificate, document or other instrument that may be required or necessary to continue the Partnership, to admit one or more Limited Partners or Substitute Limited Partners, or to dissolve and terminate the Partnership, provided such continuation, admission, dissolution and termination is in accordance with the terms of the Partnership Agreement; (d) any other certificate, document or instrument which may be required to be filed by the Partnership under the laws of any state or regulations of any governmental agency or which said attorney deems it advisable to file; and (e) subject to the provisions of Article III of the Partnership Agreement, any UCC financing statement required to perfect the Partnership's security interest in my Unit, any certificates, documents or instruments necessary or appropriate for the disposition of my Partnership interest in the event of default by me in my obligation to contribute any installment of my Capital Contribution to the Partnership.

This Power of Attorney is coupled with an interest. I expressly intend for such Power of Attorney to survive my death, my mental incapacity, my physical incapacity and the assignment by me of all or any portion of my interest in the Partnership, except that, where the assignee of my interest has been approved by said attorneys, as General Partners of the Partnership, for admission to the Partnership as a Substitute Limited Partner, this Power of Attorney shall survive such assignment for the sole purpose of

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enabling such attorneys to execute, acknowledge and file any instrument or document necessary to effect such substitution.

IN WITNESS WHEREOF, the undersigned executed this instrument this <u>27</u> day of <u>December</u>, 19<u>85</u>. S+D Partaship

By: June R. Daniel GA. (SEAL) Signature

Number of Limited Partner Units

TOTAL SUBSCRIPTION AMOUNT: (Check Appropriate Space)

\$	30,000	(One Unit)
\$	\$ 45,000	(One and One-Half Unit)
\$	\$ 60,000	(Two Units)
\$	\$ 75,000	(Two and One- Half Units)
<	\$ 90,000	(Three Units)
$\checkmark$	Other (In	ndicate Amount):

<u>StDPartnership</u> Name (Please Print)			
Name (Please Print) *			
265 EXEcutive Park Blud Number and Street			
Number and Street			
Winston-Salen NC 27103 City, State and Zip Code			
City, State and Zip Code			

(Notarization on Next Page)

\$ 15,000

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STATE OF	North Carolina
COUNTY OF	
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I, <u>Hail S. Page</u>, a Notary Public of said State and Davie County certify that <u>Lower R. Davie, T.</u>, Partner (s) of <u>S+D Partnership</u>, a General Partnership, personally appeared before me this day and acknowledged the due execution of the foregoing instrument for and on behalf of said Partnership.

WITNESS my hand and Notarial Seal or Stamp, this the <u>27</u> day of <u>Oecentur</u>, 1985.

<u>Jail S. Cage</u> Notary Public

<u>\_</u>

My commission expires:

Ingust 20, 1990

NOTARIAL SEAL/STAMP:



STATE OF NORTH CAROLINA-Forsyth County (here give name and official title of the officer signing the certificate \_\_\_\_\_ passed upon) The foregoing (or ann)exed) certificate. 12 -19 8L GCC is (ane) certified to be correct. This the day 2 20 PH 16. E. Speas, Register of Deeds Mar 19 Assistant SE OP REALISTER OF DEEDS E JRSYTH STY. N.C. Ву Probate and Filing Fee S BOOX 1532P0801 A31