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POWER OF ATTORNEY

I agree to become a Limited Partner of M & M ASSOCIATES and be bound by all of the terms and conditions of the Agreement of Limited Partnership of M & M ASSOCIATES as amended.

I hereby irrevocably constitute and appoint each General Partner of M & M ASSOCIATES, with full power of substitution, my true and lawful Attorney-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, record and publish: (a) Certificate of Limited Partnership; (b) any other certificate, instrument or document which the General Partners may believe is necessary or appropriate to be filed by the Partnership under the laws of any state or by any governmental agency; (c) any certificate, instrument or document which may be required to effect the continuation of the Partnership, the admission of a Limited Partner, or the dissolution and termination of the Partnership, provided such continuation, admission, dissolution and termination is in accordance with the terms of the Partnership Agreement; and (d) subject to the provisions of Article II of the Partnership Agreement, any documents 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.

This Power of Attorney is coupled with an interest, and it shall survive my death and the assignment by me of all or any portion of my interest in M & M ASSOCIATES, except that, where the transferee of my interest has been approved by the General Partners for admission to the Partnership as a Substitute Limited Partner, this Power of Attorney shall survive such transfer for the sole purpose of enabling the General Partners to execute, acknowledge and file any instrument or document necessary to effect such substitution.

DATED: 6/24/83 . Signature

Charles B. Cornwell
Name (Please Print or Type)

ADDRESS:

P. O. Bax 214

Number and Street

Woodborn, Or. 9707/
City, State and Zip Code

MK 1418P1055

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STATE OFOrego	3ra ====================================			
COUNTY OF Marie	DD			
•	_		1983	
undersigned, a N commissioned and to me known and	4th day of Jotary Public in a sworn, personall known by me to be sing instrument, a	und for said Stat y came Charles I the person desc	3. Cornwell ribed in and	, duly who exe-
WITNESS BY XXXX 1983.	hand and Notarial	Seal, this the	24th day o	f June ,
My commission ex	φires: 	NOTARY PUEL My Commission Expires	Public Public	ea March 10, 1987
NOTARIAL SEAL:				·
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STATE OF NORTH CARO			(
The foregoing (or anno	exed) certificate of	here give name and official title of	of the officer signing the o	ertificate_passedupon)
is (20e) certified to be correct	t This the QHO da	y of Nov-		
Probate fee \$1.00 paid.	REGISTRATION AND RECORDED	Eunice Ayers, Reg	B 10 - 50	Deputy- Assistant
	Ken 9 4 of PH 183	•		
	EUNICE AYERS REGISTER OF DEEDS FORSYTH CTY. N.C.	•		
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