A DECEMBER OF THE STATE OF THE	6
on this 23 day of figure a	2002
at/2:05 glotock	M
Clerk Loue Houston	
DURABLE POWER OF ATTORNEY Johnson County, Arkansas	D.C
OF Sy A. Helpey	_0.0

## EMMA FLYNT BOWIE

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, EMMA FLYNT BOWIE, of Clarksville, Johnson County, Arkansas appoint my son, ARTHUR BOWIE, of Bentonville, AR, as my agent (attorney-in-fact) and to act for me in any lawful way with respect to the following initialed subjects:

## INITIAL CERTIFIED TRUE COPY $\mathcal{E} \neq \mathcal{B}$ (A) Real property transactions. E7B (B) Tangible personal property transactions. $\mathcal{E}\mathcal{A}\mathcal{B}$ (C) Stock and bond transactions. E7B (D) Commodity and option transactions. E7B (E) Banking and other financial institution transactions. $\mathcal{E}\mathcal{F}$ (F) Business operating transactions. EFR (G) Insurance and annuity transactions. E7B (H) Estate, trust, and other beneficiary transactions. E7B (I) Claims and litigation. $\mathcal{E} \neq \mathcal{B}$ (J) Personal and family maintenance. E7B (K) Benefits from social security, medicare, medicaid, or other governmental programs, or military service. $\mathcal{E}\mathcal{A}_{\mathcal{B}}$ (L) Retirement plan transactions. E 7B (M) Tax matters.

- E7 B (N) To arrange for my medical, surgical, hospital, nursing and convalescent care and treatment, including consent to treatment or withholding of treatment, and application for insurance and other benefit payments related thereto.
- (0) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (0).

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED IN WRITING.

This power of attorney will continue to be effective even though I become disabled, incapacitated, or incompetent.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 23 CERTIFICATE OF RECORD STATE OF ARKANSAS COUNTY OF JOHNSON I, JANE HOUSTON, Clerk for the Circuit Court and Ex-officio Recorder for the County aforesaid, do hereby certify that the annexed and foregoing instrument of writing was filed in my office on the SSN: 432-30-3238 DOB: 8/22/1919 and certificate 2002 BY ACCEPTING OR ALLING UNDER THE APPOINTMENT, THE AGEN In Record Book 1866 UMES THE FILE CLARY AND OTHER LEGAL RESPONSIBILITIES OF A IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said court this 23 day of Circil 20.0°℃CKNOWLEDGMENT )SS. WSON CO AR COUNTY OF

On this day before me, the undersigned officer, personally appeared EMMA FLYNT BOWIE to me personally well known or satisfactorily proven, who acknowledged that said person had freely and voluntarily subscribed his name to the foregoing instrument and had executed the same for the consideration and purposes therein contained.

My Commission Expires:

9-11-2006

My Commission Expires:

9-11-2006