

House-Blanco
box

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MEDICAL ASSOCIATES IV

A North Carolina Limited Partnership

SIGNATURE PAGE AND POWER OF ATTORNEY

I hereby agree to become a Limited Partner of Medical Associates IV, a limited partnership organized under the laws of the State of North Carolina (the "Partnership") and to be bound by all the terms and conditions of the Amended and Restated Agreement of Limited Partnership (the "Partnership Agreement"), a copy of which is attached as an exhibit to the Confidential Private Placement Memorandum of Medical Associates IV, dated April 16, 1984.

I hereby irrevocably constitute and appoint William G. Benton and Carl B. Watson, Jr., and each of them, 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 attorneys deem it advisable to file; and (e) subject to the provisions of Article III of the Partnership Agreement, 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

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 31 day of May, 1984.

L & J Associates by
James C. Branch, Partner
[Signature] (SEAL)
Signature

Number of Limited Partner Units ONE

TOTAL SUBSCRIPTION AMOUNT:
(Check Appropriate Space)

- ☒ \$46,472 (One Unit)
☐ \$69,708 (One and One-Half Unit)
☐ \$92,944 (Two Units)
☐ \$116,180 (Two and One-Half Units)
☐ \$139,416 (Three Units)
☐ Other (Indicate Amount):
\$ _____

L & J Associates
by: James C. Branch, Partner
by: Lloyd O. Goode, Jr., Partner
Name (Please Print)

A.O. Box 6544
Number and Street

Raleigh, NC 27608
City, State and Zip Code

(Notarization on next page)

STATE OF NC
COUNTY OF Wake

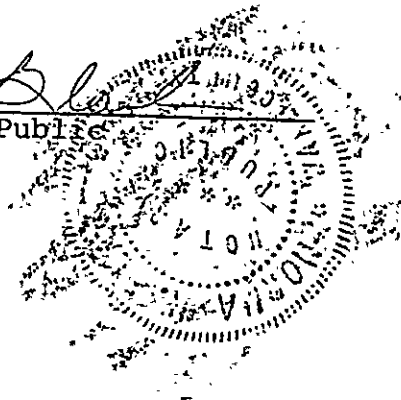
PARTNERS OF L & J ASSOCIATES

On this 31 day of May, 1984, before me,
the undersigned, a Notary Public in and for the said State and
County, duly commissioned and sworn, personally came James Brand
Lord & Gooden, to me known and known by me to be
the person described in and who executed the foregoing instrument,
and he duly acknowledged to me that he executed the same.

WITNESS my hand and notarial seal, this the 31 day of
May, 1984.

James H. Black
Notary Public

My commission expires:
My Commission Expires 6-24-85



STATE OF NORTH CAROLINA—Forsyth County

The foregoing (or annexed) certificate of Norma H. Black N.P.
Wake Co. N.C. (here give name and official title of the officer signing the certificate passed upon)

is ~~(not)~~ certified to be correct. This the 5 day of June, 1984.

Probate fee \$1.00 paid.

PRESENTED FOR EUNICE AYERS, Register of Deeds
REGISTRATION AND RECORDED By Jessie Holden Deputy-~~_____~~

JUN 5 4 31 PM '84

EUNICE AYERS
REGISTER OF DEEDS
FORSYTH CTY, N.C.

7.00 pd sc

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