

IMPORTANT NOTICE: The powers granted by this document are broad and sweeping. They are defined in Minnesota Statutes Section 523.24. If you have any questions about these powers, obtain competent advice. This power of attorney may be revoked by you if you wish to do so. This power of attorney is automatically terminated if it is to your spouse and proceedings are commenced for dissolution, legal separation or annulment of your marriage. This power of attorney authorizes, but does not require, the attorney-in-fact to act for you.

PRINCIPAL (Name and address of person granting the power)
RV HOLDINGS FIVE, LLC
1112 PRICE AVE
COLUMBIA, SOUTH CAROLINA 29201

ATTORNEY(S)-IN-FACT
(Name and Address)
VISION PROPERTY MANAGEMENT, LLC
1112 PRICE AVE
COLUMBIA, SOUTH CAROLINA, 29201

SUCCESSOR ATTORNEY(S)-IN-FACT (Optional)
To act if any named attorney-in-fact dies, resigns or is otherwise unable to serve.
(Name and address)

First Successor:

Second Successor:

NOTICE: If more than one attorney-in-fact is designated, make a check or "X" on the line in front of one of the following statements.

Each attorney-in-fact may independently exercise the powers granted.

All attorneys-in-fact must jointly exercise the powers granted.

EXPIRATION DATE (Optional)

Use Specific Month Day Year Only

I (the above named Principal) appoint the above named Attorney(s)-in-Fact to act as my attorney(s) in fact:

FIRST: To act for me in any way I myself could act with respect to the following matters, as each of them is defined in Minnesota Statutes, Section 523.24:

(To grant to the attorney-in-fact any of the following powers, make a check or "x" on the line in front of each power being granted. You may, but need not, cross out each power not granted. Failure to make a check or "x" on the line in front of the power will have the effect of deleting the power unless the line in front of the power of (N) is checked or x-ed.)

Check or "X"

(A) real property transactions;
I choose to limit this power to real property in _____ County,
Minnesota, described as follows: (Use legal description. Do not use street address.)

SEE ATTACHED LEGAL

- (B) tangible personal property transactions;
- (C) bond, share, and commodity transactions;
- (D) banking transactions;
- (E) business operating transactions;
- (F) insurance transactions;
- (G) beneficiary transactions;

- (I) fiduciary transactions;
- (J) claims and litigation;
- (K) family maintenance;
- (L) benefits from military service;
- (M) records, reports, and statements;
- (N) all of the powers listed in (A) through (M) above and all other matters.

SECOND: (You must indicate below whether or not this Power of Attorney will be effective if you become incapacitated or incompetent. Make a check or "x" on the line in front of the statement that expresses your intent.)

This power of attorney shall continue to be effective if I become incapacitated or incompetent.
 This power of attorney shall not be effective if I become incapacitated or incompetent.

THIRD: (You must indicate below whether or not this power of attorney authorizes the attorney-in-fact to transfer your property to the attorney-in-fact. Make a check or "x" on the line in front of the statement that expresses your intent.)

This power of attorney authorizes the attorney-in-fact to transfer my property to the attorney-in-fact.
 This power of attorney does not authorize the attorney-in-fact to transfer my property to the attorney-in-fact.

FOURTH: (You may indicate below whether or not the attorney-in-fact is required to make an accounting. Make a check or "x" on the line in front of the statement that expresses your intent.) (optional)

My attorney-in-fact need not render an accounting unless I request it or the accounting is otherwise required by Statutes Section 523.21.
 My attorney-in-fact must render _____ accountings to me or _____

_____ during my lifetime, and a final accounting to the personal representative of my estate, if any is appointed, after my death.

In Witness Whereof I have hereunto signed my name this _____

8/11/11

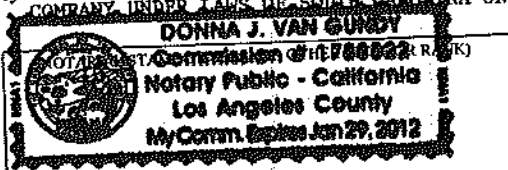
RV HOLDINGS FIVE, LLC

SCOTT CHALMERS THE
MANAGING MEMBER

ACKNOWLEDGEMENT OF PRINCIPAL

STATE OF California } ss.
COUNTY OF Los Angeles }

The foregoing instrument was acknowledged before me this 11-August-2011
by SCOTT CHALMERS THE MANAGING MEMBER OF RV HOLDINGS FIVE, LLC A LIMITED LIABILITY COMPANY UNDER LAWS OF SOUTH CAROLINA ON BEHALF OF THE LIMITED LIABILITY COMPANY



commission #1788822

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS):

Home Title
15451 Founders Lane
Apple Valley, MN 55124
(952)223-1051

File No:

Donna J Van Gundy
SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

Speciman Signature of Attorney(s)-in-Fact
(Notarization not required)

AFFIDAVIT BY ATTORNEY IN FACT
Affidavit of nontermination or nonrevocation
of a real property transaction pursuant
to Minn. Stat. § 523.17, subd. 1

Form No. 63 1/2-M

Minnesota Uniform
Conveyancing Blanks (1993)

(Top 3 Inches Reserved for Recording Data)

STATE OF South Carolina }
COUNTY OF Richland } ss

ALEXANDER SZKARADEK, being duly sworn on oath, says:

1. Affiant is the Attorney-In-Fact (or agent) named in that certain Power Of Attorney dated _____ and filed for record _____, as Document Number _____ (or in Book _____ of _____, Page _____), in the Office of the County Recorder Registrar of Titles of _____ County, Minnesota executed by _____, as Grantor and Principal relating to real property in _____ County, Minnesota, legally described as follows:

SEE ATTACHED LEGAL

2. Affiant does not have actual knowledge and has not received actual notice of the revocation or termination of the Power of Attorney by Grantor's death, incapacity, incompetence or otherwise, or notice of any facts indicating the same.
3. Affiant has examined the legal description(s), if any, attached to the Power of Attorney and certifies that to the best of Affiant's actual knowledge the description(s) has (have) not been changed, replaced or amended since the signing of the Power of Attorney by the Principal.

VISION PROPERTY MANAGEMENT, LLC

Alexander Szkaradek
MANAGING MEMBER

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS):

Home Title
15451 Founders Lane
Apple Valley, MN 55124
(952)223-1051

File No:

Subscribed and sworn to before me this

August 12, 2011

[Signature]
SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)
State of South Carolina
Notary Public
Amanda P. Chilton
My Commission Expires 7/31/2020