

STATEMENT OF AUTHORITY

1. This Statement of Authority relates to an entity named: ROCK CREEK RESIDENTIAL LLC

2. The type of entity is a:

- Corporation
- Nonprofit Corporation
- Limited Liability Company
- General partnership
- Limited partnership
- Registered limited liability partnership
- Business trust
- Trust
- Registered limited liability limited partnership
- Limited partnership association
- Unincorporated nonprofit association
- Government or governmental subdivision or agency
- Other _____

3. The entity is formed under the laws of: COLORADO

4. The mailing address for the entity is: 90 S CASCADE AVE #1500
COLORADO SPRINGS, CO 80903

5. The name and position of each person authorized to execute licenses, and/or instruments conveying, encumbering, or otherwise affecting title to real property on behalf of the entity is:
Danny Mientka, Manager

6. The authority of the foregoing person(s) to bind the entity is

not limited limited as follows: _____

7. (Optional) Other matters concerning the manner in which the entity deals with interest in real property.

8. This Statement of Authority is executed on behalf of the entity pursuant to the provisions of Section 38-30-172, C.R.S.

Executed this 12th day of July, 2024.

By: _____

STATE OF Colorado)
) ss.
County of El Paso)

The foregoing instrument was acknowledged before me this 12 day of July, 2024 by Danny Mientka as manager of Rock Creek Residential LLC.

Witness my hand and official seal.

SVENJA OLLAND-GRISWOLD
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20184025608
MY COMMISSION EXPIRES JUNE 20, 2026

Notary Public
My Commission Expires: June 20, 2026