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: COLOF	RADO
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: <u>Danny Mientka</u> , <u>Manager</u>	
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	
	Ву:	
STATE OF Colorado) ss.		
County	of El Paso	
The foregoing instrument was acknowledged before me this 12 day of,		
2024 by Danny Mientka as Manager of		
Poc	ck Greek Residential LLC	. 0
Witnes	s my hand and official seal.	SVENJA OLLAND-GRISWOLD NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20184025608 MY COMMISSION EXPIRES JUNE 20, 2026
Local\Fo	rms\Record – Statement of Authority	Notary Fublic My Commission Expires: June 20, 2026 Approved date: 04/29/13 WPM