

STATEMENT OF AUTHORITY

1. This Statement of Authority relates to an entity named Alpen Glow Ventures, LLC, dba AlpenGlow Ventures, LLC, and is executed on behalf of the entity pursuant to the provisions of section 38-30-172, C.R.S.

2. The type of entity is a:

- checkbox corporation
checkbox nonprofit corporation
checkbox X limited liability company
checkbox general partnership
checkbox limited partnership
checkbox other:
checkbox registered limited liability partnership
checkbox registered limited liability limited partnership
checkbox limited partnership association
checkbox government or governmental subdivision or agency
checkbox trust (Section 38-30-108.5, C.R.S.)

3. The entity is formed under the laws of the State of Colorado.

4. The mailing address for the entity is: PO Box 880519, Steamboat Springs, CO 80488

5. The X name and X position of each person authorized to execute instruments on behalf of the entity is:

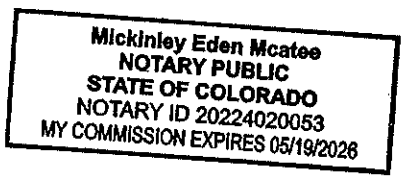
Name Position
Susan H. Larson Manager

6. The authority of the foregoing person to bind the entity is X not limited checkbox limited as follows:

Executed this 19th day of July 2022.

[Handwritten signature of Susan H. Larson]
By: Susan H. Larson, Manager

STATE OF COLORADO )
) ss.
COUNTY OF ROUTT )



The foregoing instrument was acknowledged before me this 19 day of July, 2022, by Susan H. Larson, Manager.

WITNESS my hand and official seal.

My commission expires: 05/19/2026

[Handwritten signature]
Notary Public