

STATEMENT OF AUTHORITY

The undersigned submits this Statement of Authority for an entity named
Entelco Corporation and makes the following statements:

1. The type of entity is a S Corporation.
2. The entity is formed under the laws of the State of Colorado.
3. The mailing address for the entity is: PO Box 822 Clark, Colorado 80428.
4. Abbot Stranahan (name), Co-Chairperson (title) is
authorized to sign agreements binding the entity. Such authority is limited: _____

5. This Statement of Authority is valid for one year from the date of signing unless expressly revoked by the entity in writing.

Signed this 18th day of November, 20 21.

Entelco Corporation

Name of entity

By: Abbot Stranahan

Printed Name: Abbot Stranahan

Title: Co-Chairperson

Rhode Island
STATE OF ~~COLORADO~~)
Providence)ss.
COUNTY OF ~~ROUTT~~)

Nov The foregoing instrument was acknowledged before me this 18th day of
20 21, by Abbot Stranahan, as co-chair person (title) of
Entelco Corporation (name of entity).

Witness my hand and official seal.

My commission expires: 04/22/23

[Signature]
Notary Public

WILLIAM GEORGE #764038
Notary Public, State of Rhode Island
My Commission Expires April 22, 2023

