STATEMENT OF AUTHORITY

For Office Use Only

-FILED-

- 1. The name of the limited liability company: Macfarlane Renovations 11 and 199892
- 2. Street address of designated office: 2335 NE 16th Street, Fruitland ID 83619
- 3. Mailing address of designated office: PO Box 569, Fruitland, ID 83619
- 4. Thomas A Macfarlane (Authorized agent) and/or James Macfarlane (Authorized agent) individually or cooperatively hereby have authority to:
 - (a) Execute any instrument transferring real property held in the name of the company;and.
 - (b) Enter into other transactions on behalf of, or otherwise act for or bind, the company; and,
 - (c) State the authority, or limitations on the authority, of a specific person to: Transfer property to and from the limited liability company, obtain any or all governmental entitlements, seek financing to purchase real estate, and perform any other duties as necessary to effectuate the business purpose. and,

Signature: / / / / / / / / / / / / Thomas A. Macfarlane, Managing member

Dated: 4/12/23

of Macfarlane Renovations, LLC

James L. Macfarlane, Member of Macfarlane Renovations. LLC

Dated: 4/12/23