

**COLORADO
GENERAL POWER OF ATTORNEY FORM**

I. NOTICE - This legal document grants you (Hereinafter referred to as the “Principal”) the right to transfer limited powers to someone else (Hereinafter referred to as the “Attorney-in-Fact”), limited powers are described as: **signature authority for all land development applications and associated documents pertaining to parcel numbers 4200000399, 4300000553, 4300000552, 4300000548, 3300000537, 3300000536.** The Principal’s transfer of powers to the Attorney-in-Fact are granted upon authorization of this agreement, and **DO NOT** stay in effect in the event of incapacitation by the Principal (incapacitation is described in Paragraph II). This agreement does not authorize the Attorney-in-Fact to make medical decisions for the Principal. The Principal continues to retain every right to all their decision making power and may revoke this General Power of Attorney Form at anytime. The Principal may include restrictions or requests pertaining to the decision making power of the Attorney-in-Fact. It is the intent of the Attorney-in-Fact to act in the Principal’s wishes put forth, or, to make decisions that fit the Principal’s best interest. All parties authorizing this agreement must be at least 18 years of age and acting under no false pressures or outside influences. Upon authorization of this General Power of Attorney Form, it will revoke any previously valid General Power of Attorney Form.

II. INCAPACITATION - The powers granted to the Attorney-in-Fact by the Principal in this General Power of Attorney Form **DO NOT** stay in effect upon incapacitation by the Principal, incapacitation is describes as: **A medical physician stating verbally or in writing that the Principal can no longer make decisions for them self.**

III. REVOCATION - The Principal has the right to revoke this General Power of Attorney Form at anytime. Any revocation will be effective if the Principal either:

- A. Authorizes a new General Power of Attorney Form.
- B. Authorizes a Power of Attorney Revocation Form.

IV. NOTARY - This document is not valid as a General Power of Attorney unless it is acknowledged before a notary public who acknowledges the Principal’s signature.

VIII. THIRD PARTIES - I, the Principal, agree that any third party receiving a copy via: physical copy, email, or fax that I, the Principal, will indemnify and hold harmless any and all claims that may be put forth in reference to this Durable Power of Attorney Form.

IX. COMPENSATION - The Attorney-in-Fact agrees not to be compensated for acting in the presence of the Principal in addition to his current salary as President of Vertex Consulting Services.

X. DISCLOSURE - I intend for my attorney-in-fact under this Power of Attorney to be treated, as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164

XI. PRINCIPAL'S SIGNATURE - I, Kevin O'Neil, the Principal,
Printed Name of Principal

sign my name to this power of attorney this 6th day of

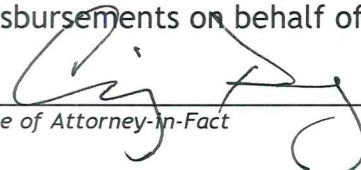
September and, being first duly sworn, do declare to the
Month

undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.


Signature of Principal

XII. ATTORNEY-IN-FACT'S SIGNATURE - I, Craig Dossey
Name of Attorney-in-Fact

have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge and accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

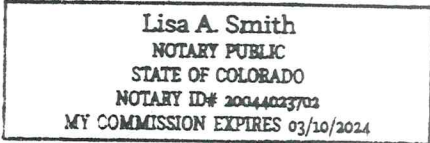

Signature of Attorney-in-Fact

9/7/2022
Date

Notary Acknowledgement

State of Colorado County of El Paso County Subscribed,
Sworn and acknowledged before me by Kevin O'Neil, the
Principal, and subscribed and sworn to before me by Craig Dossey,
witness, this 7th day of September 2022.

Lisa A. Smith
Notary Signature



Notary Public
In and for the County of El Paso
State of Colorado
My commission expires: 3/10/2024 Seal

Acknowledgement and Acceptance of Appointment as Attorney-in-Fact

I, Craig Dossey Name of Attorney-in-Fact have read the attached power of attorney
and am the person identified as the attorney-in-fact for the principal. I hereby
acknowledge that accept my appointment as Attorney-in-Fact and that when I
act as agent I shall exercise the powers for the benefit of the principal; I shall
keep the assets of the principal separate from my assets; I shall exercise
reasonable caution and prudence; and I shall keep a full and accurate of all
actions, receipts and disbursements on behalf of the principal.

Craig Dossey
Signature of Attorney-in-Fact

9/7/2022
Date