

General Owner and Applicant Acknowledgement

Signature Statement

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I agree that if this request is approved, it is issued on the representations made in this submittal, and any approval or subsequently issued building permit(s) or other type of permit(s) may be revoked without notice if there is a breach of representations or conditions of approval. The applicant/owner by his or her signature understands and agrees that he or she is responsible for the completion of all on-site and off-site improvements as shown and approved on the final plan (including landscaping, paving, lighting, etc.) prior to receiving a Certificate of Occupancy.

Jimbely La	Mi			
Signature of Property Owner			Date	
Signature of Consultant			Date	
Signature of Developer			Date	
Contact Information				
Property Owner:	Click here to enter text.	Contact Name:	Click here to enter text.	
Troperty owner.	Chek Here to effect text.	contact Name.	CHECK HERE TO CHECK TEXT.	
Email:	Click here to enter text.	Phone:	Click here to enter text.	
Developer:	Click here to enter text.	Contact Name:	Click here to enter text.	
Email:	Click here to enter text.	Phone:	Click here to enter text.	
Consultant	Click here to enter text.	Contact Name:	Click here to enter text.	
Email:	Click here to enter text.	Phone:	Click here to enter text.	

STATEMENT OF AUTHORITY

1. 2.	This Statement of Authority relates to an entity name. The type of entity is a:	led: Veteran VIIIa Operating LLC.			
	 □ Corporation □ Nonprofit Corporation x □ 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: Nebraska				
4.	The mailing address for the entity is: 17332 Edna Street, Omaha, NE 68136				
5.	The name and position of each person authorized to instruments conveying, encumbering, or otherwise to behalf of the entity is: Joe Zock, Tocqueville, Charlake – CapZone Group, Kim Kuhle – Veterans Village.	affecting title to real property on les Lake – CapZone Group, Kimberly			
6.	(Optional) The authority of the foregoing person(s) to bind the entity is				
	not limited limited as follows:				
7. 8.	(<i>Optional</i>) Other matters concerning the manner in which the entity deals with interest in real property. 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 January, 2023. By:	Kim J Kuhle			
	e of Nebraska) y of Sarpy) ss.	inth Tank			
023 2022 1 Witnes	The foregoing instrument was acknowledged before by Kim J. Kuhle as Toundle as Toundle as my hand and official seal.	e me this 12th day of January, r/board of Member			
	GENERAL NOTARY - State of Nebraska CLAIRE R. MUHLE Not	ary Public Commission Expires: 3-16-2026			