



**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 the Saddlehorn Filing No. 2 Subdivision Plat.** 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.

V. PRINCIPAL - John Helmick, CEO of Gorilla Capital, residing at

Name of Principal

1342 High St. Eugene, OR 97401

Street Address of Principal

City of Eugene, State of Oregon, appoint
City of Principal *State of Principal*

the following as my Attorney-in-Fact, whom I trust with **signature authority** for the **Saddlehorn Filing No. 2 Subdivision Plat** immediately upon the authorization of this form:

VI. ATTORNEY-IN-FACT -Nina Ruiz, residing at

Name of Attorney-in-Fact

6588 Emerald Isle Heights

Street Address of Attorney-in-Fact

Colorado Springs

Colorado

City of _____, State of _____ grant
City of Attorney-in-Fact *State of Attorney-in-Fact*

the Attorney-in-Fact the legal authority to act on my behalf for **signature authority for the Saddlehorn Filing No. 2 Subdivision Plat** under the State of

Colorado

State

VII. TERMS & CONDITIONS - Upon authorization by all parties, the Attorney-in-Fact accepts their designation to act in the Principal's best interests for signing any and all land development applications and associated documents legal under law.

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, John Helmick, the Principal,
Printed Name of Principal

sign my name to this power of attorney this 2nd day of
Day

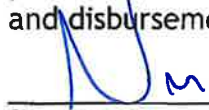
June and, being first duly sworn, do declare to the
Month

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, Nina Ruiz
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

6/2/2023
Date

Notary Acknowledgement

State of Colorado County of El Paso County Subscribed,
Sworn and acknowledged before me by John Helmick, the
Principal, and subscribed and sworn to before me by Tanja Baker,
witness, this 2nd day of June, 2023.

Caitlin Knudsen
Notary Signature



Notary Public
In and for the County of Lane
State of Oregon
My commission expires: March 10, 2024 Seal

Acknowledgement and Acceptance of Appointment as Attorney-in-Fact

I, Nina Ruiz 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.

Nina Ruiz Signature of Attorney-in-Fact 6/2/2023 Date

State of Colorado County of El Paso County Subscribed, Sworn +
acknowledged before me by Nina Ruiz, the Attorney-in-Fact, +
subscribed + sworn to before me by Nina Ruiz this 2nd day
of June, 2023

Kelly M. Hills
Notary Signature

Notary Public
In + for the County of El Paso
State of Colorado
My commission expires 1/13/2024

