

When recorded, mail to:

Name: Wind Mountain Dev.Address: 72 Desolation Rd.City/State/Zip Code: Stevenson, WA98648

FILED FOR RECORD  
SKAMIA COUNTY WASH  
BY SKAMIA CO. TITLE  
DEC 10 11 11 AM '02  
P. Lowry  
J. MICHAEL L. LISON

Space above this line for Recorder's Use

SOTC 25246

### SPECIAL DURABLE FINANCIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, Heidi Ann Bambergerthe undersigned principal, whose address is 1209 N Cambridge Circle Chandler  
Arizona 85225-1601Gerald Barnes

by this instrument, hereby constitute and appoint

62 Desolation Road Stevenson Washington 98648

, whose address is

as my Agent to act in my name, place and stead, and for my use and benefit as if I were personally present to  
transact such business and perform every act requisite and necessary to: conduct business for  
Wind Mountain Development LLC of which I am a 25% owner.

FURTHERMORE, I specifically authorize my above named Agent to:

- a) buy, sell, contract, receive, possess, transfer, lease, let, demise, remise, release encumber, hypothecate or mortgage, whichever is applicable to accomplish the objectives heretofore described.
- b) sign, seal deliver or otherwise execute and/or acknowledge any and all instruments, papers or documents requisite and necessary to accomplish the objectives heretofore described.
- c) Other authority(ies) not previously mentioned include: \_\_\_\_\_

GIVING AND GRANTING unto said Agent, full power and authority to transact any business, perform every act and thing whatsoever requisite and necessary to fully accomplish the intents and purposes of this Special Power of Attorney, and therefore, I hereby ratify and confirm every act that said Agent shall lawfully do or cause to be done by virtue of these presents.

The validity of this Special Power of Attorney shall not be affected by my subsequent disability, incapacity or the lapse of time, and shall continue in full force and effect during my lifetime, unless sooner revoked or terminated by me in writing.

(Continued on Back Side)

IN WITNESS WHEREOF, I, have hereunto set my hand this 1 day of FEB 2002

Edith Paul  
 Signature of Witness  
1209 N Cambridge Circle  
 Address of Witness  
CHANDLER AZ 85225  
 City/State/Zip Code

Heidi Ann Bambauer  
 Signature of Principal  
1209 N Cambridge Circle  
 Address of Principal  
Chandler AZ 85225  
 City/State/Zip Code

## ACKNOWLEDGMENT OF PRINCIPAL

I, Heidi Ann Bambauer, the principal,  
 sign my name to this power of attorney this 1 day of February, 2002, and being  
 first duly sworn, do declare to the 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.

Heidi Ann Bambauer  
 Signature of Principal

## AFFIDAVIT OF WITNESS

I, Wm Kennedy, the witness,  
 sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority  
 that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly,  
 or willingly directs another to sign for him/her, and that I in the presence and hearing of the principal, sign this  
 power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen  
 years of age or older, of sound mind and under no constraint or undue influence.

Wm Kennedy  
 Signature of Witness

State of Arizona )  
 County of Maricopa ) ss.

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me by X  
 \_\_\_\_\_, the principal, and subscribed and sworn to before me by X  
 \_\_\_\_\_, the witness, this 1 day of Feb, 2002  
 My Commission Expires: \_\_\_\_\_

Wm Kennedy  
 Notary Public  
 Notary Public State of Arizona  
 Maricopa County  
 William Kennedy  
 Expires July 20, 2003

If acknowledged in State of Florida, complete section below:  
 (Principal) ☐ Personally Known (or) ☐ Produced Identification  
 If applicable, Type of Identification Produced: \_\_\_\_\_

(Witness) ☐ Personally Known (or) ☐ Produced Identification  
 If applicable, Type of Identification Produced: \_\_\_\_\_

RECORDER'S NOTE:  
 NOT AN ORIGINAL DOCUMENT