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**CERTIFICATION OF OWNERSHIP / DEDICATION OF AGENT**

I, (print full name) Larry W Langston hereby certify that I am the property owner or authorized officer of the corporation owning property described in the attached application and I have familiarized myself with the rules and regulations of the City of Leavenworth with respect to making this application and that the statements, answers, and information contained therein are in all respects true and correct to the best of my knowledge and belief. Further, I possess full legal authority and rights necessary to exercise control over the subject property and have attached documentation showing proof that I have authority to sign my consent to any and all matters associated with the property if I am not the sole owner. I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

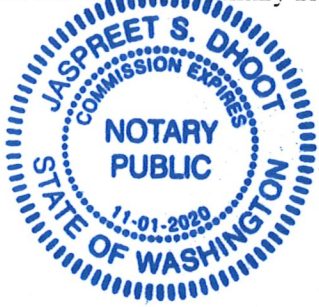
Address: 4039 NE Everett Court  
City and State: Camas, WA Zip Code: 98607  
Phone: 509-670-6900 Email: larry98707@yahoo.com

Signature: [Handwritten Signature] For: Langston Properties LLC  
(Owner/Authorized Agent) (Corporation or Company Name)

**ACKNOWLEDGEMENT IN A REPRESENTATIVE CAPACITY**

State of WA }  
County of Clark } ss.

I certify that I know or have satisfactory evidence that Larry Langston is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument, on oath stated that he/she/they was/were authorized to execute the foregoing instrument, and acknowledged it as the (title/capacity) Member of (company/institution name) Langston Properties LLC to be the free and voluntary act of such party for the uses and purposes herein mentioned.



Dated this 29<sup>th</sup> day of June, 2018.  
[Handwritten Signature]  
Signature  
NOTARY PUBLIC in and for the State of WA  
Jaspreet S. Dhoot  
Printed Name  
My Appointment Expires: 11-01-2020

Optional:  
Furthermore, I (print full name) Larry W Langston, give my consent that the following named party (person or entity) is authorized to sign as my agent in any and all matters regarding application for permitting of (name project) conditional use permit with the City of Leavenworth and is dedicated by me to be the only person or entity to receive determinations or notices as required by law.

My Representative: David R Moffett David R Moffett & Associates  
Address: 7600 SE 28th Street Suite 236 City and State: Mercer Island, WA Zip Code: 98040  
Phone: 206-854-3626 Email: drm@davemoffett.com