TUMBLE CREEK AT SUNCADIA
Limited Power of Attorney

This LIMITED POWER OF ATTORNEY is granted and effective as of _____ , 2019, by _____ (name(s)), of _____ (address).

I/we appoint _____ to be my/our attorney-in-fact in accordance with the laws governing Powers of Attorney in the State of Washington and to act on my/our behalf as my/our attorney-in-fact for the purchase of a homesite(s) at Tumble Creek at Suncadia in Kittitas County, Washington. This Limited Power of Attorney is subject to the following conditions and restrictions:

This Limited Power of Attorney may be used solely for the purpose of purchasing a homesite(s) at Tumble Creek at Suncadia and to execute and deliver to the seller, New Suncadia, LLC, a completed Reservation, Purchase and Sale Agreement and any addendums or amendments to it necessary or desirable to purchase such homesite(s) and/or club membership. This Limited Power of Attorney shall expire at 11:59 p.m. on **October 14th**, **2019** or at such earlier date and time, as I/we shall advise my/our attorney-in-fact in writing. This Limited Power of Attorney is subject to further limitation in that it only applies to the purchase of homesites within Tumble Creek at Suncadia identified in the Letter of Instruction executed by me/us with the same date as this Limited Power of Attorney.

This Limited Power of Attorney, as executed by me/us, shall be conclusive evidence to any third party, including New Suncadia, LLC, that my/our attorney-in-fact has the authority and power to take the actions described herein. My/our attorney-in-fact may rely upon this Limited Power of Attorney in exercising such authority and power on my/our behalf and in my/our name prior to the expiry time without further authorization or direction by me/us.

All decisions regarding the purchase of a homesite(s) as described in the executed Letter of Instruction, acknowledgments, representations or covenants made by my/our attorney-in-fact on my/our behalf and all documents executed by my/our attorney-in-fact prior to the expiration of this Limited Power of Attorney shall be conclusively deemed to be fully authorized and directed by me/us, and I acknowledge that any obligations created or representations or covenants made in respect of any decision made or any documents executed by my/our attorney-in-fact in my/our name are my/our obligations as principal.

In consideration of my/our attorney-in-fact accepting this appointment, I agree to indemnify my/our attorney-in-fact from any loss, cost, and expense or damage suffered or incurred by my/our attorney-in-fact as a result of acting as my/our attorney-in-fact.

Signed by: _____

Signed by: _____

STATE OF WASHINGTON

COUNTY OF } ss.

On this day personally appeared before me _____
and _____ , to me known to be the individual(s) described
in and who executed the within and foregoing instrument, and acknowledged that [he/she/they]
signed the same as [his/her/their] free and voluntary act and deed, for the uses and purposes therein
mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this _____ day of _____, 2019.

Printed Name _____
NOTARY PUBLIC in and for the State of Washington,
Residing at _____
My Commission Expires _____