

STATEMENT OF AUTHORITY

1. This Statement of Authority relates to an entity named: **NP Stafford I, LLC**
2. The type of entity is a:
 - ☐ Corporation
 - ☐ Nonprofit Corporation
 - ☒ **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 (state): **Delaware**
4. The mailing address for the entity is: **3315 N. Oak Trafficway, Kansas City, MO 64116**
5. The name and position of each person authorized to execute licenses, and/or instruments conveying, encumbering, or otherwise affecting title to real property on behalf of the entity is: **Nathaniel Hagedorn, Manager**
6. 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 8th day of October, 2024.

By: NP Stafford I, LLC, a Delaware limited liability company

By: NPD Management, LLC, its Manager

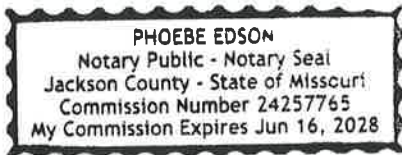
By: _____


Nathaniel Hagedorn, Manager

STATE OF Missouri)
COUNTY OF Clay) ss.

The foregoing instrument was acknowledged before me this 8th day of October, 2024, by Nathaniel Hagedorn, Manager of NPD Management, LLC, Manager of NP Stafford I, LLC.

Witness my hand and official seal





Notary Public

My Commission Expires: June 16, 2028