Return Address: SABATOGA ESCROW INC. 2609 HOYT AVE EVERETT, WA 98201



WASHINGTON STATE COUNTY AUDITOR/RECORDER'S INDEXING FORM (Cover Sheet)
CHICAGO TITLE CO. 1641348

Document Title(s) (or transactions contained therein): 1. POWER OF ATTORNEY	
September 1 Septem	
Reference Number(s) of Documents assigned or released:	
Auditor's File No.: Document Title:	
Grantor(s) (Last name first, then first name and initials):	
 JANIECE D. WHITING 3. 	
4 Additional names on page of document.	
Grantee(s) (Last name first, then first name and initials);	
 PETER S. WHITING 3. 	
4 Additional names on page _ of document.	
Legal Description (abbreviated: i.e. lot, block, plat or section, township	, range):
UNIT 10-2, 48 DEGREES NORTH HANGARS	
Assessor's Property Tax Parcel/Account Number:	
P125180, P125177, P125178 AND P125178	
Additional legal is on page _ of document.	
The Auditor/Recorder will rely on the information provided on the form. T	he staff will not read

the document to verify the accuracy or completeness of the indexing information provided herein.

POWER OF ATTORNEY

THIS Power of Attorney is given by me, Janiece D. Whiting, presently of 1909 Skyline Way, Suite 101, Anacortes, in the State of Washington, on the 6th day of March, 2007.

1. Previous Power of Attorney

I REVOKE any previous power of attorney granted by me.

2. Attorney-in-fact

I APPOINT Peter S. Whiting, of 1909 Skyline Way, Suite 101, Anacortes, Washington, to act as my Attorney-in-fact.

3. Governing Laws

This instrument will be governed by the laws of the State of Washington. Further, my Attorney-in-fact is directed to act in accordance with the laws of the State of Washington at any time he or she may be acting on my behalf.

4. Delegation of Authority

My Attorney-in-fact may not delegate any authority granted under this document.

5. Liability of Attorney-in-fact

My Attorney-in-fact will not be liable to me, my estate, my heirs, successors or assigns for any action taken or not taken under this document, except for willful misconduct or gross negligence.

6. Powers of Attorney-in-fact

My Attorney-in-fact will have the following power(s):

<u>Initials</u>

a. Specified Power 1

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To sign documents related to the purchase of hangar by Streamside of Estes Park, LLC..

7. Attorney-in-fact Compensation

My Attorney-in-fact will receive no compensation except for the reimbursement of all out of pocket expenses associated with the carrying out of my wishes.

8. Co-owning of Assets and Mixing of Funds

My Attorney-in-fact may continue to co-own assets and have any funds owned by him or her mixed with my funds to the same extent that the co-owning of assets and mixing of funds existed before operation of this power of attorney.

9. Personal Gain from Managing My Affairs

My Attorney-in-fact is allowed to personally gain from any transaction he or she may complete on my behalf if the transaction is completed in good faith and with my Attorney-in-fact believing it is in my best interest.

10. Effective Date

This power of attorney will start immediately upon signing. Under no circumstances will the powers granted in this power of attorney continue after my mental incapacity or death.

11. Attorney-in-fact Restrictions

This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

12. Notice to Third Parties

Any third party who receives a valid copy of this Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of an Attorney-in-fact as to a matter relating to a power granted by this Power of Attorney will not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the Attorney-in-fact to exercise the authority granted by the Power of Attorney up to the point of revocation of the Power of Attorney. Revocation of the Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

13. Severability

If any part of any provision of this instrument is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.

14. Acknowledgment

- I, Janiece D. Whiting, being the Principal named in this Power of Attorney hereby acknowledge:
 - a. I have read and understand the nature and effect of this Power of Attorney.
 - b. I am of legal age in the State of Washington to grant a Power of Attorney.
 - c. I am voluntarily giving this Power of Attorney.

IN WITNESS WHEREOF I hereunto set my hand and seal at the City of Anacortes, in the State of Washington, this 6th day of March, 2007.

Janiece D. Whiting

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NOTARY ACKNOWLEDGEMENT

State of Washington)
) ss.
County of Shag; 7	_)

On this day personally appeared before me Janiece D. Whiting, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 6th day of March, 2007

M. ROO WASHINGTON EXCENSION EXCENSIO

Notary Public

Residing at: Zaloune

My commission expires:

8-29-07

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