State	of	California
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Statement of Partnership Authority

A \$70.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.	This 9	This Space For Filing Use Only					
Partnership Name							
Name of Partnership							
Diamond Village Apartments, LP							
Office Addresses (Do not abbreviate the city. Items 2 and 3 cannot be P.O. Boxes.)							
Street Address of Chief Executive Office	City	State	Zip Code				
16935 W. Bernardo Drive., Suite 238	San Diego	CA	92127				
3. Street Address of California Office, if any	City	State	Zip Code				
		CA					
4. Mailing Address of Chief Executive Office, if different from Items 2 or 3	City	State	Zip Code				
Names & Addresses of Partners (Complete Item 5 with the names and mailing addresses of all the partners (attach additional pages if necessary) OR leave Item 5 blank and proceed to Item 6. Any attachments to this document are incorporated herein by this reference.)							
5. Name Address	City	State	Zip Code				
SNO Foundation 8863 Greenback Lane, Suite 324	Orangevale	CA	95662				
Name Address	City	State	Zip Code				
PSCDC Diamond Valley LLC 16935 W. Bernardo Dr., Ste 238	San Diego	CA	92127				
Name Address	City	State	Zip Code				
Appointed Agent (If Item 5 was not completed, complete Item 6 with the name and mailing address of an agent appointed and maintained by the partnership who will maintain a list of the names and mailing addresses of all the partners. If Item 5 was completed, leave Item 6 blank and proceed to Item 7.)							
6. Name Address	City	State	Zip Code				
Authorized Partners (Enter the name(s) of all the partners authorized to execute instruments transferring real property held in the name of the partnership. Attach additional pages if necessary. Any attachments to this document are incorporated herein by this reference.)							
7. Partner Name: SNO Foundation - Sergei Oleshko Partner Name:							
Partner Name: PSCDC Diamond Valley LLC - Robert W Laing Partner Name							
Partner Name: Partr	ner Name	Name					
Additional Information							
8. Additional information set forth on the attached pages, if any, is incorpora	ated herein by this reference	e and made par	t of this document.				
Execution (This form must be signed by at least two partners. If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this document. Any attachments to this document are incorporated herein by this reference.)							
9. I certify under penalty of perjury that the contents of this document are true.							
Sergei Oleshko							
Signature of partner	Type or Print Name of part	ner					
Robert W Laing							
Signature of partner —	ype or Print Name of partner						
GP-1 (REV 11/2020) APPROVED BY SECRETARY OF STATE							

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