



State of California Secretary of State

GP-1

File # _____

Document # _____

Statement of Partnership Authority

A \$70.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

Partnership Name

1. Name of Partnership

Diamond Village Apartments, LP

Office Addresses (Do not abbreviate the city. Items 2 and 3 cannot be P.O. Boxes.)

2. Street Address of Chief Executive Office
16935 W. Bernardo Drive., Suite 238

City
San Diego

State Zip Code
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
SNO Foundation

Address
8863 Greenback Lane, Suite 324

City
Orangevale

State Zip Code
CA 95662

Name
PSCDC Diamond Valley LLC

Address
16935 W. Bernardo Dr., Ste 238

City
San Diego

State Zip Code
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:

Partner Name

Additional Information

8. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part 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.

Signature of partner

[Handwritten signatures]

Sergei Oleshko

Type or Print Name of partner

Signature of partner

Robert W Laing

Type or Print Name of partner