

AFFIDAVIT OF OWNERSHIP

AFFIDAVIT

STATE OF WASHINGTON)
COUNTY OF KING)
CITY OF MERCER ISLAND)

Benjamin Altman, being duly sworn depose and say, that I am (we are) the owner(s) of the property involved in this application and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my (our) knowledge and belief. The permit number is: to be assigned.
The address is: 9167 SE 64th Street, Mercer Island, WA 98040

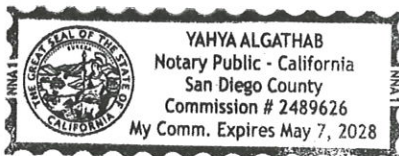
Ben Altman 1/14/26
Owner's Signature Date

Owner's Signature Date

Mailing Address: 10365 El Hondo Pl, San Diego CA 92124
Street City State Zip

Phone: 619-890-1063
Home Business

Subscribed and sworn to before me this 14 day of January, 2026.



See Attachment

[Signature]
Notary Public in and for the STATE OF WASHINGTON, residing at California

The UPS Store 4357
10601 Tierrasanta Blvd. Ste. G
San Diego, CA 92124

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

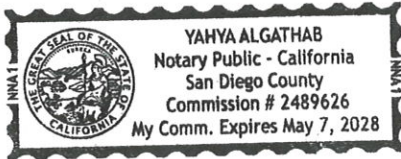
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of San Diego)
On 1-14-2028 before me, Yahya Algathab Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Benjamin Altman
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
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 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____