

**AFFIDAVIT OF
AGENT AUTHORITY**

AFFIDAVIT

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

I/we, Walt Pisco, being duly sworn depose and say, that I am (we are) the owner(s) of the property legally described below, and that Seaborn Pile Driving/ Katherine Rupert has my/our permission to act as my/our agent in my/our behalf for this application for all permits for the subject property with the City of Mercer Island. The permit number is: TBD
The address is: 6000 SE 20TH ST, Mercer Island, WA 98040

Legal Description: FABENS POINT WATERFRONT TRS 9 & POR 10 SWLY OF LN BEG AT AT SE COR OF SD LOT WH SE COR IS N 39 DEG 37 MIN 41 SEC E 21.60 FT FR MOST SLY LN TO NWLY LN THOF & SH LDS ADJ

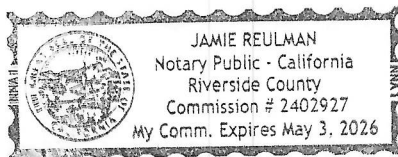
[Signature] 2-3-26
Owner's Signature Date Owner's Signature Date

Mailing Address: 6000 SE 20TH ST Mercer Island WA 98040
Street City State Zip

Phone: (206) 715-3535
Home Business

Subscribed and sworn to before me this 3 day of February, 2026.

** see attached document*



[Signature]
Notary Public in and for the CA STATE OF WASHINGTON, residing at 80440 Hideaway Club, LA Quinta, CA 92253

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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 Riverside

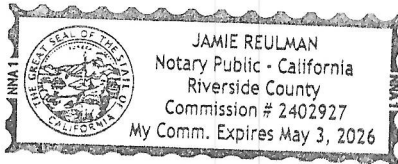
Subscribed and sworn to (or affirmed) before me

on this 3 day of February, 2026,
by Walter J. Pisco
Date Month Year

(1) Walter J. Pisco
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Signature]
Signature of Notary Public



Place Notary Seal and/or Stamp Above

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: AFFIDAVIT OF AGENT AUTHORITY

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____