PROXY

GRANT OF PROXY:

Name:				
Address: _				
Please check one	:			
Submit m	y proxy to be co	ounted for	the required quorum of homeowners o	only.
Do hereby	/ constitute and	appoint:_	Please print	-
the membership Saturday, June 8	of Cascade Ri th 2024 at 2PM y come before	ver Comm at the Ma	exercise my voting rights at the Annu unity Club Homeowners Association arblemount Community Hall with resp ting, granting to the attorney-in-fact	to be held or ect to and al
Owner(s) Printed	Name(s), Signa	ture(s) and	d Date	
 Printed Name an	d Signatura	 Date	— ————————————————————————————————————	 Date