

NOT AN OFFICIAL DOCUMENT

2021-544797
12/28/2021 04:01 PM
TOTAL FEES: 25.00
BY: KK
PG #: 2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

LIMITED POWER OF ATTORNEY

I, **David Follmann**, as the **President of Valyou More, Inc.**, which is a Member of **DLab, LLC**, being at least eighteen (18) years of age and mentally competent, and as the sole Principal of **Valyou More, Inc.**, do hereby designate and appoint, **Robert Spaulding**, the true and lawful attorney-in-fact of **Valyou More, Inc.**

I. POWERS. I give to my attorney-in-fact the powers herein specified to be used on my behalf. I am incorporating by reference herein those powers which comply with my wishes in accordance with the manner prescribed by Indiana Code, 30-5-5. The powers given herein shall be considered limited so that my attorney-in-fact shall not have any power which would cause my attorney-in-fact to be treated as the owner of any interest in my property. My attorney-in-fact shall have the following powers:

- A. The power to sign legal documents associated with **Dlab, LLC's** refinance of any parcel of real estate which **Dlab, LLC's** owns. It is my desire that my Power of Attorney be able to sign any and all documents necessary to facilitate the refinance of any parcel of real estate owned by on behalf of **Dlab, LLC**. That my Power of Attorney is authorized to sign on behalf of **Valyou More, Inc.** acting in its capacity as Member of **DLab, LLC**.

II. FEES. My attorney-in-fact will not be entitled to a fee for services provided as my attorney-in-fact.

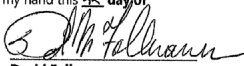
III. LIABILITY AND INDEMNITY. My attorney-in-fact shall only be liable for actions taken in bad faith; provided, however, my attorney-in-fact shall be liable for the negligent exercise of the powers described herein if the exercise of such power involves self-dealing. I hereby ratify and confirm all that my attorney-in-fact shall do by virtue hereof. Further, I agree to indemnify and hold harmless any person who, in good faith, acts under this Power of Attorney or transacts business with my attorney-in-fact in reliance upon this Power, without actual knowledge of its revocation.

IV. EFFECTIVE DATE, INCAPACITY, AND LIMITATIONS.

- A. This Power of Attorney shall be effective upon the date of execution hereof.
- B. This Power of Attorney shall expire January 1, 2022.

V. REVOCATION. I hereby reserve the right to revoke this Power of Attorney at any time. My attorney-in-fact shall have the power to revoke all powers of attorney previously executed by me.

IN WITNESS WHEREOF, I have hereunto set my hand this 22 day of
December, 2021.


David Follmann

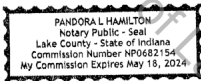
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STATE OF Indiana)
)SS:
COUNTY OF Lake)

^{22nd} BEFORE ME, the undersigned, a NOTARY PUBLIC in and for said County and State, this day of December, 2021, personally appeared **David Follmann**, acknowledging that he is authorized to act on behalf of **Valyou More, Inc.**, as its President, that **Valyou More, Inc.** is a Member of **DLab, LLC** and is authorized to signed on its behalf, and acknowledged the execution of the foregoing document as his free and voluntary act.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal

My Commission expires: May 18, 2024



Pandora L. Hamilton
Notary Public,

A Resident of Lake County

Prepared By: **Michael D. Kvachkoff, Attorney at Law,**
325 N. Main, Crown Point, IN 46307, (219) 661-9500

I AFFIRM, UNDER THE PENALTIES
FOR PERJURY, THAT I HAVE TAKEN
REASONABLE CARE TO REDACT EACH
SOCIAL SECURITY NUMBER IN THIS
DOCUMENT, UNLESS REQUIRED BY LAW.
Mary Kalka