North Carolina Limited Power of Attorney

| BE IT ACKNOWLEDGED that I, | Debra Lee | (Full Name), of |
|---|-----------------------------|------------------------|
| 995 Bullard Rd. Sanford NC 27332 | , the undersigned, do | hereby grant a limited |
| of and specific power of attorney to Triton Ho | omes, LLC C/O Mark Wils | on (Full Name) of |
| 306 Plantation Rd. Goldsboro, NC 2753 | 0 9 | 19-394-7282 |
| Address | | Phone |
| as my attorney-in-fact. | | |
| Said and the said and | | |
| Said attorney-in-fact shall have full powe | r and authority to under | take and perform only |
| the following acts on my behalf: | | |
| Pull necessary permits for replaceme | at of home at 005 Bulland B | d Sanford NC 27332 |
| Pull necessary permits for replaceme None | nt of nome at 995 bullaru K | u. Samoru NC 27552 |
| 3. None | | |
| J. None | | |
| The authority herein shall include such in | cidental acts as are reas | onably required to |
| carry out and perform the specific authorities gr | | |
| sairy sat and perform the specific dutilonnes Br | unced herein | |
| My attorney-in-fact agrees to accept this | annointment subject to | its terms, and |
| agrees to act and perform in said fiduciary capacity consistent with my best interest, as my | | |
| attorney-in-fact in its discretion deems advisable. | | |
| attorney in fact in its discretion deems advisable | | |
| This power of attorney is effective upon execution. This power of attorney may | | |
| be revoked by me at any time, and shall automatically be revoked upon my death, | | |
| provided any person relying on this power of attorney shall have full rights to | | |
| accept and reply upon the authority of my attorney-in-fact until in receipt of actual notice of | | |
| | | |
| revocation. | | - 1 |
| as later 1644 day of | 1/1110 | .20 24. |
| Signed this 1641 day of June 2024. Aleka Signature | | |
| 11. 10/11/0 / 200 | | |
| Signature | | |
| | | Signature |
| | | |
| State of North Carolina | | |
| County of Johnston | | |
| | 1. 100 | |
| This document was acknowledged before me o | n 6 ((4) 24 (Date), b | У |
| Debra L. Lee (Name | of Principal). | |
| | | |
| Delra Staton | | |
| | Debra | |
| Ay commission expires: 4 9 20 29 | NOTARY | |
| Ay commission expires: | Johnston (| County, NC |
| | | pires April 09, 2029 |

