La'i Opua Rent with Option to Purchase Selection Authorization Form

Name of Person Authorized	Ι,	, La'i Opua Village 4 & 5 Undivided Inte
	e (or) Hawaii Islandwide Appl	licant hereby authorize
Pua Community Center Complex, since I am unable to attend. Signature STATE OF		Name of Person Authorized
STATE OF		
STATE OF	Opua Community Center Com	plex, since I am unable to attend.
On this day of, A.D. 20 Before me personally appeared to me known to be the person described in and who executed the foregoing instrument and acknowledged that		Signature
On this day of, A.D. 20 Before me personally appeared to me known to be the person described in and who executed the foregoing instrument and acknowledged that		
On this day of, A.D. 20 Before me personally appeared to me known to be the person described in and who executed the foregoing instrument and acknowledged that	STATE OF)
to me known to be the person described in and who executed the foregoing instrument and acknowledged that	COUNTY OF)
executed the foregoing instrument and acknowledged that		
executed the foregoing instrument and acknowledged that	to me known to be the perso	on described in and who
he/she executed the same as his/her free act and deed.	executed the foregoing instr	rument and acknowledged that
	he/she executed the same as	s his/her free act and deed.
Notary Public, STATE OF	Notary Public, STATE OF	

My commission expires on _____