

**Chiwawa Communities Association | Chiwawa River Pines Proxy Assignment**

Proxy Vote Assignment

I, \_\_\_\_\_  
Full Name

Designate \_\_\_\_\_  
Full Name

To vote as my authorized agent for the purpose of Chiwawa Communities Association | Chiwawa River Pines business.

I understand that my proxy assignment is valid for 11 months from the date signed unless specifically noted below.

\_\_\_\_\_  
Lot # / House #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date