

PROXY AUTHORIZATION FORM

Please complete and return the enclosed Proxy Form to solidhacorporation@gmail.com

PROXY AUTHORIZATION FORM

Plenipotentiary Meeting - December 7, 2025

Time: 11:00 A.M. – 4:00 P.M. Location: OULA RESTAURANT

SECTION 1: APPOINTMENT OF PROXY
I, the undersigned, being a duly registered Contributor of SOLIDHA CORP. , hereby appoint:
Name of Proxy:
Address:
Phone
Email:
to act as my lawful representative and proxy at the Plenipotentiary Meeting of SOLIDHA CORP. to be held on December 7, 2025 , and at any adjournments thereof.
The proxy is authorized to attend , deliberate , and vote on all matters presented at the meeting as fully as I could if personally present, including but not limited to:
Adoption and ratification of the Bylaws
Approval of relevant legal documents
Acknowledgement of being deemed an initial shareholder
Any other business duly brought before the meeting
SECTION 2: AUTHORIZATION AND SIGNATURE
I hereby revoke any previous proxy appointments made by me for this meeting. This proxy remains valid only for the
December 7, 2025, Plenipotentiary Meeting and any adjournments thereof.
Contributor's Full Name:



Signature:	
Date:	
Address:	
Email:	
Phone:	
SECTION 4: ACCEPTANCE BY PROXY	
I, the undersigned, hereby accept appointment as Proxy Contributor in accordance with the instructions or in the	-
Proxy's Name:	
Signature:	
Date:	

NOTES

- 1. This proxy must be **signed and dated** by the Contributor.
- 2. The completed proxy form must be **submitted to SOLIDHA CORP.'s Secretary** no later than **December 6**, **2025**.
- 3. Each Contributor may only appoint one proxy for this meeting.
- 4. Only Contributors in **good standing** (who have completed or are compliant with their investment commitments) are eligible to vote.
- 5. In the event a contributor is present to cast the vote, any previously submitted proxy form is rendered void.

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