

RECEIVED**SEP 06 2016**Department of Water Resources
Eastern RegionSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES**ASSIGNMENT OF PERMIT**

To change the ownership of a permit

RECEIVED**SEP 13 2016****DEPT OF WATER RESOURCES**

I, Josephine's Pizza & RV Park, hereby assign to Waters Edge RV Park & Pizzeria
 Current owner(s) New owner(s)
 of, 2570 Hwy 93 North, North Fork Idaho, 83466 (208) 865-2476
 New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s): ~~EP-75-110~~ 75-14799 to
 appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to Permit Number(s):

_____, to appropriate the public waters of the State of Idaho.

Describe in detail the portion of the permit assigned, listing the number of acres in each 40 acre subdivision, point of
 diversion location, and amount of the water in cubic feet per second.

Does the new permit holder own the property at the:

Point of diversion? ☒ Yes ☐ No
 Place of use? ☒ Yes ☐ No

If no, describe the arrangement enabling the new owner to access the point of diversion and/or the place of use:

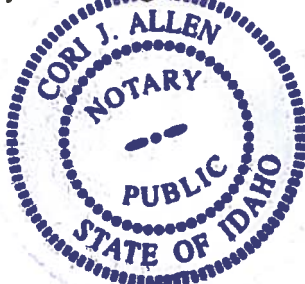
Dated this 23 day of AUGUST, 20 16.

[Signature] MEMBER
 Permit holder Title (if applicable) Permit holder Title (if applicable)

State of Idaho)
 County of Benewah)ss

On this 23 day of August, 20 16, personally appeared before me the signer(s) of the above
 instrument, who duly acknowledged to me that he/she/they executed the same.

SEAL



Notary Public

My commission expires: 6-2-2018



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

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Department of Water Resources

FILED EFFECTIVE

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SEP 13 2016

DEPARTMENT OF
WATER RESOURCES

2016 JUL -1 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Waters Edge RV Park and Pizzeria, L.L.C.

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

2570 Hwy 93 N North Fork, ID 83466

(Street Address)

2570 Hwy 93 N North Fork, ID 83466

(Mailing Address, if different)

3. The name of the registered agent and street address of the registered agent:

Lisa A. Pickens

2570 HWY 93 N North Fork, ID 83466

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Lisa A. Pickens

2570 HWY 93 N North Fork, ID 83466

(Name)

(Address)

Michael A. Pickens

2570 HWY 93 N North Fork, ID 83466

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

28975 SW Orleans Ave. Apt 202 Wilsonville, OR 97070

(Address)

Signature of organizer(s)

Signature: Lisa A. Pickens

Printed Name: Lisa A. Pickens

Signature: Michael A. Pickens

Printed Name: Michael A. Pickens

Secretary of State use only

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07/01/2016 05:00

CK: 4778 CT: 326343 BH: 1535896

1@ 100.00 = 100.00 ORGAN LLC #2

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