

MEMORANDUM

Date: May 04, 2016
To: Water Right File 94-7445
From: Pam Skaggs *PS*
Re: Ownership Updated

The revised Application for Amendment for Licensing Purposes submitted on 05-04-2016 was signed by only three (3) of the four (4) right holders. I called and spoke with Lois Wechsler to inquire why Peter B. Wechsler did not sign the amendment and was advised that he is deceased. She emailed a copy of the death certificate and requested his name be removed from the right.

A check of the right holder's related business entity Unlimited Drywall Inc also records the removal of Peter B. Wechsler as the registered agent due to his death being replaced by James C. George (other right holder).

IDSOS documents attached to memo.

No. C 96356	Due no later than Sep 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)																													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. UNLIMITED DRYWALL, INC. JAMES C. GEPRGE 113 E 3RD AVE POST FALLS ID 83854 USA		JAMES C GEORGE 113 EAST 3RD POST FALLS ID 83854																													
			3. <u>New</u> Registered Agent Signature:*																													
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). <table border="1"> <thead> <tr> <th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr> </thead> <tbody> <tr> <td>VICE PRESIDENT</td><td>VALERIE GEORGE</td><td>113 EAST 3RD</td><td>POST FALLS</td><td>ID</td><td>USA</td><td>83854</td></tr> <tr> <td>SECRETARY</td><td>LOIS J WECHSLER</td><td>113 EAST 3RD</td><td>POST FALL</td><td>ID</td><td>USA</td><td>83854</td></tr> <tr> <td>PRESIDENT</td><td>JAMES GEORGE</td><td>113 E 3RD AVE</td><td>POST FALLS</td><td>ID</td><td>USA</td><td>83854</td></tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	VICE PRESIDENT	VALERIE GEORGE	113 EAST 3RD	POST FALLS	ID	USA	83854	SECRETARY	LOIS J WECHSLER	113 EAST 3RD	POST FALL	ID	USA	83854	PRESIDENT	JAMES GEORGE	113 E 3RD AVE	POST FALLS	ID	USA	83854
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5. Organized Under the Laws of: ID C 96356	6. Annual Report must be signed.* Signature: James C George Name (type or print): James C George				Date: 10/12/2015 Title: President																											
Processed 10/12/2015	* Electronically provided signatures are accepted as original signatures.																															

FILED EFFECTIVE



STATEMENT OF CHANGE OF
REGISTERED AGENT,
REGISTERED OFFICE,
OR BOTH
(See reverse for instructions)

2015 JUL 24 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

File # C 96356

The undersigned entity submits the following statement for the purpose of changing its registered agent, its registered office, or both, in the State of Idaho.

1. The name of the entity is:
Unlimited Drywall Inc.
2. The name and street address of its old registered agent and office is:
Peter B Wechsler (Deceased 9/17/14)
827 E Maple
Hayden ID 83835
3. The name and street address of its new registered agent and office in Idaho is:
James C. George
113 East 3rd
(not a PO box or PMB)
Post Falls, Idaho 83854

I consent to serve as registered agent for the above-named entity.

X James C George
(Signature of new registered agent)
July 20, 2015
(Date)

Dated: 7/20/15
Signature: X James C George
Printed: James C. George
Capacity: President

Skaggs, Pam

From: Unlimiteddrywall <unlimiteddrywall@aol.com>
Sent: Wednesday, May 04, 2016 12:15 PM
To: Skaggs, Pam
Subject: Wechsler/George Signature
Attachments: Death Certificate.jpg

Pam,
Please, remove Peter B. Wechsler from Documents per attached death certificate. Please, let me know you received this email. Thank you for your assistance in this matter.

Warm Regards,
Lois J Wechsler
James C. George
Val George

Unlimiteddrywall
unlimiteddrywall@aol.com

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho
CERTIFICATE OF DEATH

DECEDENT TYPE OR PRINT IN PERMANENT INK BLACK INK OR NOT USE PLY or PVA		1. LICENSEE'S LEGAL NAME (Please print full name, last, first, middle, last, suffix) PETER BEN WECHSLER		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. AGE-Last birthday 59 (Years)		4b. UNDER 1 YEAR Months Days Years		5. DATE OF BIRTH (Month/Day/Year) 04/23/1955		6. BIRTHPLACE (City and State, Territory, or Foreign Country) SEATTLE, WASHINGTON	
7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI		7c. CITY OR TOWN HAYDEN		7d. ZIP CODE 83835	
8. STREET AND NUMBER 827 E. MAPLE PLACE		9. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		10. SPOUSE'S NAME (If wife, give maiden name) LOIS WINING		11. BIRTHPLACE (State, Territory, or Foreign Country) MONTANA	
12. MOTHER'S MARRIAGE NAME (First, Middle, Last, Suffix) ORIN B. WECHSLER		13. MOTHER'S MARRIAGE NAME (First, Middle, Last, Suffix) ELIZABETH HUGHES		14. BIRTHPLACE (State, Territory, or Foreign Country) OREGON		15. BIRTHPLACE (State, Territory, or Foreign Country) OREGON	
16. INFORMANT'S NAME (Type or print) LOIS WECHSLER		17. RELATIONSHIP TO DECEDENT WIFE		18. MAILING ADDRESS (Street and Number, City, State, Zip Code) 827 E. MAPLE PLACE HAYDEN, ID 83835		19. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH BRUCE A. ENGLISH	
20. PLACE OF DISPOSITION ☐ Burial ☐ Cremation ☐ Other (Specify)		21. PLACE OF DISPOSITION (Name and address of cemetery, crematory, or other place) NORTH IDAHO CREMATORY 1133 N. 4TH STREET COEUR D'ALENE, IDAHO 83814		22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL - CDA 1133 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		23. LICENSE NUMBER (Of Registrar) MA538	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH BRUCE A. ENGLISH		25. SIGNATURE OF REGISTRAR MA538		26. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No		27. SIGNATURE OF REGISTRAR MA538	
28. IF DEATH OCCURRED IN A HOSPITAL: ☒ Hospital ☐ Other (Specify)		29. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Home ☐ Other (Specify)		30. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE KOOTENAI HEALTH COEUR D'ALENE, ID 83814		31. COUNTY OF DEATH KOOTENAI	
32. DATE OF DEATH (Month/Day/Year) September 17, 2014		33. TIME OF DEATH (Hour:Minute) 08:13		34. DATE OF DEATH (Month/Day/Year) September 17, 2014		35. TIME OF DEATH (Hour:Minute) 08:13	
36. PART I. Enter the cause of death - immediate, intermediate, or remote - that directly caused the death. DO NOT abbreviate. Enter only one cause on a line. ACUTE MYOCARDIAL INFARCTION		37. CAUSE OF DEATH ACUTE MYOCARDIAL INFARCTION		38. APPROXIMATE INTERVAL FROM ONSET TO DEATH 1 WEEK		39. APPROXIMATE INTERVAL FROM ONSET TO DEATH 1 WEEK	
40. PART II. Enter the cause of death - immediate, intermediate, or remote - that directly caused the death. DO NOT abbreviate. Enter only one cause on a line. ACUTE RESPIRATORY FAILURE		41. CAUSE OF DEATH ACUTE RESPIRATORY FAILURE		42. APPROXIMATE INTERVAL FROM ONSET TO DEATH 2 DAYS		43. APPROXIMATE INTERVAL FROM ONSET TO DEATH 2 DAYS	
44. PART III. Enter the cause of death - immediate, intermediate, or remote - that directly caused the death. DO NOT abbreviate. Enter only one cause on a line. ASPIRATION PNEUMONIA		45. CAUSE OF DEATH ASPIRATION PNEUMONIA		46. APPROXIMATE INTERVAL FROM ONSET TO DEATH 2 DAYS		47. APPROXIMATE INTERVAL FROM ONSET TO DEATH 2 DAYS	
48. PART IV. Enter other conditions contributing to death but not resulting in the underlying cause (as given in Part I). None		49. PART IV. Enter other conditions contributing to death but not resulting in the underlying cause (as given in Part I). None		50. PART IV. Enter other conditions contributing to death but not resulting in the underlying cause (as given in Part I). None		51. PART IV. Enter other conditions contributing to death but not resulting in the underlying cause (as given in Part I). None	
52. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		53. IF FEMALE (Age 15-44): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		54. MANNER OF DEATH ☐ Homicide ☐ Suicide ☐ Natural ☐ Pending investigation ☐ Could not be determined		55. PLACE OF DEATH (Household, health care facility, street, construction site, etc.) Home	
56. DATE OF INJURY (Month/Day/Year) September 17, 2014		57. TIME OF INJURY (Hour:Minute) 08:13		58. LOCATION OF INJURY (Street and Number or Location) 827 E. MAPLE PLACE HAYDEN, ID 83835		59. ZIP CODE 83835	
60. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) None		61. TRANSPORTATION INJURY ONLY: ☐ Pedestrian ☐ Driver/Operator ☐ Passenger ☐ Other (Specify)		62. WHAT SAFETY DEVICES(D) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		63. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE ☐ CORONER ☐ Other (Specify)	
64. SIGNATURE AND Title of Certifier KEVIN B. STRAIT, D.O.		65. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) KEVIN B. STRAIT, 700 IRONWOOD DRIVE COEUR D'ALENE, ID 83814		66. SIGNATURE OF REGISTRAR James B. Galt		67. DATE SIGNED 9 / 23 / 2014	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **SEP 23 2014**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Galt
JAMES B. AYDELOTTE
STATE REGISTRAR

