



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763

Phone: 208-762-2800 • Fax: 208-762-2819 • Email: northerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

September 24, 2026

LMJPNP LLC
2692 DISTRICT TWO RD
BONNERS FERRY ID 83805

RE: Change in Ownership Water Right No(s): 98-7828

Dear Interested Parties:

The Idaho Department of Water Resources (Department) received a Notice of Change in Water Right Ownership (Notice) from you on August 24, 2026 for the above referenced water rights. The Notice could not be processed because the water right is already in your name.

Please contact adjudication staff regarding filing a claim in the Kootenai River Basin Adjudication (KRBA). Because the water right is a license, you will be required to file in the KRBA to maintain the validity of the water right.

The Department is returning your Notice of Change in Water Right Ownership and the attachments. A refund of \$25 has been requested and will be mailed to you under separate cover from the Idaho State Controller's Office. You may re-submit your request with the appropriate documents and fees.

If you have any questions regarding this matter, please contact me at 208-762-2813.

Sincerely,

Natalie Steading
Tech Records Specialist 1

Enclosure(s)

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

AUG 24 2026

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP IDWR / NORTH

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #7 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
98 07828	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: PLATO FAMILY LIMITED PARTNERSHIP
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): LMJPNP LLC.
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 2692 DISTRICT TWO RD. BONNERS FERRY ID 83805
Mailing address City State Zip
208 290 4354 FRYCREEKBILL@GMAIL.COM
Telephone Email
4. If the water rights and/or adjudication claims were split, how did the division occur?
☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.
5. Date you acquired the water rights and/or claims listed above: DECEMBER 17, 2025
6. Do you own the land identified as the water right place of use? Yes ☒ No ☐
o If no, attach evidence that written notice of the change of water right ownership has been delivered to the landowner of record.
7. This form must be signed and submitted with the following **REQUIRED** items:
☒ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
☒ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
☒ Filing fee (see instructions for further explanation):
o \$25 per *undivided* water right.
o \$100 per *split* water right.
o No fee is required for pending adjudication claims.
☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

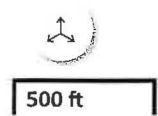
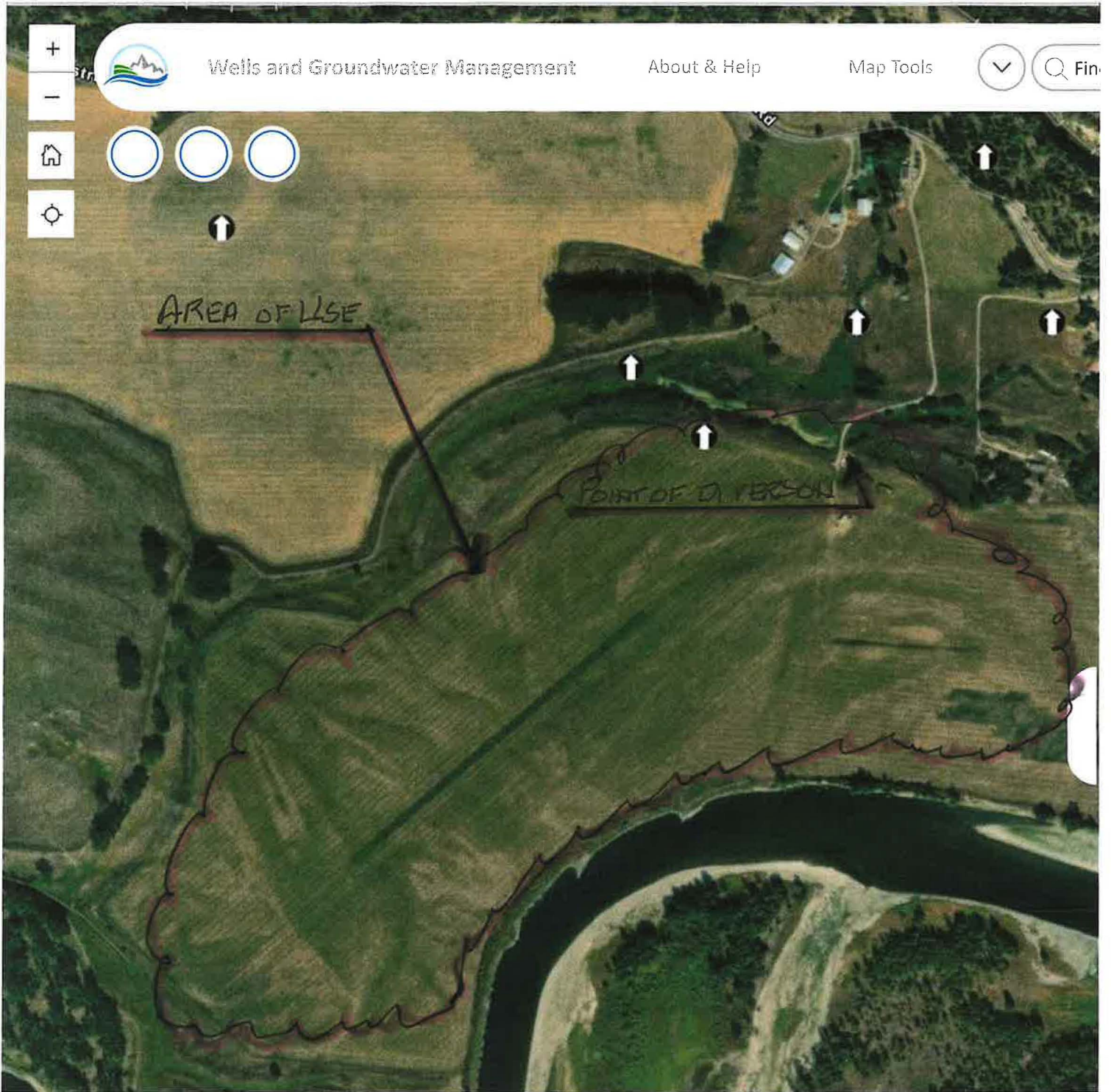
8. Signature: W.L. MICHALK TRUSTEE, LMJPNP LLC 5/20/26
Signature of new owner/claimant Title, if applicable Date
WILLIAM L. MICHALK
Print name

Signature: _____
Signature of new owner/claimant Title, if applicable Date

Print name

For IDWR Office Use Only:

Received by MB Date 8/24/26 Receipt No. N046265 Receipt Amt. \$25.00
Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☐
Name on W-9 _____ Approved by _____ Processed by _____ Date _____



State of Idaho
Department of Water Resources
Permit to Appropriate Water

NO. 98-07828

Priority: September 03, 2003

Maximum Diversion Rate: 3.50 CFS

This is to certify, that PLATO FAMILY LIMITED PARTNERSHIP
HCR 85 BOX 338
BONNERS FERRY ID 83805

has applied for a permit to appropriate water from:

Source: GROUND WATER

and a permit is APPROVED for development of water as follows:

BENEFICIAL USE

IRRIGATION

PERIOD OF USE

04/01 to 10/31

RATE OF DIVERSION

3.50 CFS

LOCATION OF POINT OF DIVERSION:

GROUND WATER L4 (SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec. 19, Twp 62N, Rge 02E, B.M., BOUNDARY County

PLACE OF USE: IRRIGATION

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
62N 01E 24													5.0		8.0	34.0	47.0
62N 01E 25	25.0		16.0												L1		41.0
62N 02E 19		L1	L2						9.0	15.0	30.0	20.0		5.0	16.0		95.0
62N 02E 30																	2.0
Total Acres: 185																	

CONDITIONS OF APPROVAL

1. Proof of application of water to beneficial use shall be submitted on or before March 01, 2005.
2. Subject to all prior water rights.
3. Right holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code and applicable Well Construction Rules of the Department.
4. After specific notification by the Department, the right holder shall install a suitable measuring device or shall enter into an agreement with the Department to determine the amount of water diverted from power records and shall annually report the information to the Department.
5. This right when combined with all other rights shall provide no more than 0.02 cfs per acre nor more than 3.0 afa per acre at the field headgate for irrigation of the lands above.

This permit is issued pursuant to the provisions of Section 42-204, Idaho Code. Witness the signature of the Director, affixed at Boise, this 2nd day of April, 2004.


Acting for KARL J DREHER, Director

Printed 04/02/2004
Drilling Permit No. 812546
Well Tag No. D0033592
Well ID # 383248
Water Right No. 98-7828
Receipt # N016142
Approved Date 04/02/2004

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
DRILLING PERMIT**

Relationship: Owner/Operator
Name: PLATO FAMILY LIMITED PARTNERSHIP
Address: HCR35 BOX 338
BONNERSFERRY ID 83805

Phone:

Proposed Well Location: Township 62N, Range 02E, Section 19, NW, SW
COUNTY BOUNDARY

Street Address of Well Site: district 2 rd
BONNERS FERRY ID

Proposed Use of Well: Irrigation

Well Construction Information:

- A. New Well
- B. Proposed Surface Diameter: 16 inches. Proposed Depth 100 Feet
- C. Anticipated Bottom Hole Temperature: 85F and less

Construction Start Date: Apr 02 2004

Anticipated Well Drilling Company: SWEETWATER DRILLING (No. 509)

Applicant's Signature: Jean Plato Date 4-05-04

Title: General Partner, Plato Family Ltd Partnership

Well ID # 383248

Well Tag No. D0033592

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This permit is Approved on Friday, April 02, 2004.

Robert L. Haynes

REGIONAL MANAGER

Signature of Authorized Dept Representative

Title

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat _____ Long _____
p.c. All ☐ Flowing Artesian

1. WELL TAG NO. D 33592
DRILLING PERMIT NO. 812544
Owner IDWR No. 98-7828

2. OWNER:
Name Plato Family Limited Partnership
Address HCR 35 Box 338
City Bannock Ferry State ID Zip 83805

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

Twps 62 North ☒ or South ☐
Rge. 2 East ☐ or West ☐
Sec. 19 1/4 NW 1/4 SW 1/4
Gov't Lot _____ County Bannock
Lat: _____ Long: _____
Address of Well Site District 2 Rd.
City Bannock Ferry

LI _____ Bk. _____ Sub. Name _____

4. USE:
☐ Domestic ☐ Municipal ☐ Monitor ☒ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/PLUG	PACK	AMOUNT	METHOD
Bentonite Chip	D 20	2500	over bore - Temp Casing

Was drive shoe used? ☒ N Shoe Depth(s) 34'
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Size	From	To	Depth	Material	Casing	Line	Welded	Threaded
16" + 3	0	34	375	Steel	☒	☐	☒	☐

Length of Headpipe NONE Length of Tailpipe NONE

9. PERFORATIONS/SCREENS

Perforations		Method					
Screens		Screen Type	Stainless/telescope				
From	To	Stat Size	Number	Diameter	Material	Casing	Line
31'	62'	10		16"	SS	☐	☐
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
14' ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Weld plate

62N 29 19

11. WELL TESTS:

Well	Drawdown	Pumping Level	Time
500+ GPM	4"	62'	16 Hours

Water Temp. 46° Bottom hole temp. Same

Water Quality test or comments: N/A

Depth first Water Encounter 14'

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Start	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
20'	D	20'			
16'	20'	62'			
			0 14 Sandy Clay		
			14 68 Sandy Gravel, Cobbles, Boulders	X	X

RECEIVED

JUN 21 2004

IDWR/North

208-263-5974

Mark Pitts
Robin Pitts

Serving
North Idaho
Over 20 Years



DRILLING • PUMPS • WATER TREATMENT
Complete Systems • From the Well To The House
435 Woodview Rd. • Sandpoint, ID 83864

Completed Depth 62' (Measurable)
Date: Started 4-26-04 Completed 5-29-04

13. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Sweetwater Drilling Inc. Firm No. 509

Firm Official Mark W. Pitts Date 6/8/04

and _____

Driller or Operator _____ Date _____

(Sign once if Firm Official's Operator)

FORWARD WHITE COPY TO WATER RESOURCES

March 19, 2005

Idaho Department of Water Resources
1910 Northwest Blvd., STE 210
Coeur d'Alene, ID 83814-2615

RECEIVED
MAR 21 2005
IDWR/North

Reference: Water Right Permit # 98-07828

Dear Sir,

Attached is an Application for Drilling Permit to construct a new irrigation well for the Water Right Permit # 98-07828. Another well has already been constructed under this Water Right Permit. It was approved on 04/02/2004 by Drilling Permit No. 812546, Well Tag No. D0033592, Well ID # 383248.

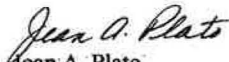
Due to flow limitations caused by an inadequate well screen, the original well (Tag No. D0033592) can not obtain the design flow rate of 1,500 gallons per minute (GPM) required for the irrigation system. Note that the Water Right Permit also specifies a flow rate of 1,500 GPM for the system.

Because of the inadequate flow rate of the original well, a new irrigation well is to be constructed to obtain the design flow. The attached Application for Drilling Permit is being submitted to the Department of Water Resources for approval to construct the new well. If possible, in order to achieve the planned construction start date of March 28, 2005, an expedited review and approval of the Application for Drilling Permit by the Department of Water Resources would be greatly appreciated.

Attached are copies of the original irrigation well Drilling Permit No. 812546, and Permit to Appropriate Water No. 98-07828, for your assistance.

If I can be of any further assistance, please contact me at the phone number listed below.

Sincerely,


Jean A. Plato

General Partner
Plato Family Limited Partnership

Plato Family Limited Partnership
Jean Plato, General Partner
Bill Michalk, Sec.
HCR 85 Box 338
Bonners Ferry, ID 83805
Ph: (208) 267-3976

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

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL SHALL BE USED AS PROOF OF THE DEATH UNDER §§24-114 AND §§24-114.5, I.C.

DECEDENT

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last, Suffix)
JEAN ARLENE PLATO

2. SEX
FEMALE

3. SOCIAL SECURITY NUMBER
[REDACTED]

4a. AGE-Last Birthday
90 (Years)

4b. UNDER 1 YEAR
Months Days

4c. UNDER 1 DAY
Hours Minutes

5. DATE OF BIRTH (Mo/Day/Yr)
06/13/1935

6. BIRTHPLACE (City and State, Territory, or Foreign Country)
SWEETWATER, TEXAS

7a. RESIDENCE - STATE OR FOREIGN COUNTRY
IDAHO

7b. COUNTY
BOUNDARY

7c. CITY OR TOWN
BONNERS FERRY

7d. STREET AND NUMBER
2692 DISTRICT 2 ROAD

7e. APT. NO.
83805

7f. ZIP CODE
83805

7g. INSIDE CITY LIMITS?
☐ Yes ☒ No ☐ Unknown

8. MARITAL STATUS AT TIME OF DEATH
☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown

9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)

10. EVER IN U.S. ARMED FORCES?
☐ Yes ☒ No ☐ Unknown

11a. FATHER'S NAME (First, Middle, Last, Suffix)
JOE PETERSON

11b. BIRTHPLACE (State, Territory, or Foreign Country)
TEXAS

12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)
EDRA UNKNOWN

12b. BIRTHPLACE (State, Territory, or Foreign Country)
TEXAS

13a. INFORMANT'S NAME (Type or print)
WILLIAM MICHALK

13b. RELATIONSHIP TO DECEDENT
SON

13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
2692 DISTRICT 2 ROAD, BONNERS FERRY, ID, 83805

14. METHOD OF DISPOSITION
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)

15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)
**GRANDVIEW CEMETERY
CEMETERY ROAD
BONNERS FERRY ID 83805**

16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
**BONNERS FERRY FUNERAL HOME
6485 HARRISON STREET
BONNERS FERRY IDAHO 83805**

17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
ELECTRONICALLY FILED: CHAD GREGORY WORKMAN

17b. LICENSE NUMBER (Of licensee)
M1677

18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?
☐ Yes ☒ No

19a. IF DEATH OCCURRED IN A HOSPITAL:
☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:
☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

20. FACILITY NAME (If not facility, give street and number)
2692 DISTRICT 2 ROAD

21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE
BONNERS FERRY, IDAHO, 83805

22. COUNTY OF DEATH
BOUNDARY

23. DATE OF DEATH (Mo/Day/Yr) (Spell month)
December 17, 2025

24. TIME OF DEATH (24hr)
01:55

25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)
December 17, 2025

26. TIME PRONOUNCED DEAD (24hr)
01:55

PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. **ALZHEIMER DEMENTIA**
DUE TO (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)
b. DUE TO (or as a consequence of):
c. DUE TO (or as a consequence of):
d. DUE TO (or as a consequence of):

Approximate Time Interval:
Onset to Death: YEARS

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

29. DID TOBACCO USE CONTRIBUTE TO DEATH?
☒ Yes ☐ Probably ☐ No ☐ Unknown

30. IF FEMALE (Aged 10-54):
☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days of death

31. MANNER OF DEATH
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined

32. DATE OF INJURY (Mo/Day/Yr) (Spell month)

33. TIME OF INJURY (24hr)

34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)

35. INJURY AT WORK?
☐ Yes ☒ No ☐ Unknown

36. LOCATION OF INJURY:
State _____ City/Town or County _____ Zip Code _____
Street and Number or Location _____ Apartment Number _____

37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable

38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?
☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

39a. CERTIFIER (Check only one, based on official capacity for this certificate)
☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s)/manner(s) stated.
☐ CORONER
On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated

39b. LICENSE NUMBER
0-01461

39c. DATE SIGNED
12 / 17 / 2025
MM DD YYYY

Signature and Title of Certifier **ELECTRONICALLY FILED: WILLIAM P. DIEHL IV**

39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)
WILLIAM P. DIEHL IV, 6640 KANIKSU STREET, BONNERS FERRY, ID 83805

40a. REGISTRAR'S SIGNATURE
James B. Galbreath

40b. DATE SIGNED
12 / 17 / 2025
MM DD YYYY

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: **DEC 23 2025**

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

Rev. 08/06/24

JAMES B. AYDELOTTE
STATE REGISTRAR

FILED EFFECTIVE

STATEMENT OF MERGER

IDAHO CODE SEC. 30-18-2

2011 DEC 28 AM 9:53

SECRETARY OF STATE
STATE OF IDAHO

- 1) The name of the non-surviving entity is: Plato Family Limited Partnership
- 2) The jurisdiction of organization of the non-surviving entity is: Idaho
- 3) The type of the non-surviving entity is: Limited Partnership
- 4) The name of the surviving entity is: LMJPNP, LLC
- 5) The jurisdiction of organization of the surviving entity is: Idaho
- 6) The type of the surviving entity is: Limited Liability Company
- 7) This Statement of Merger shall become effective upon filing.
- 8) The plan of Merger was approved by the General Partner and 100% of the Limited Partnership interests of the non-surviving entity, and by 100% Membership interests of the surviving entity, in accordance with Idaho Code Sec. 30-18-2.

- 9) Name and address to return acknowledgement copy of this form to:

The Group Law Firm, PLLC
842 W. Kathleen Avenue
Coeur d'Alene, Idaho 83813

- 10) Signature of authorized person(s) on behalf of Plato Family Limited Partnership:

Signature: Jean A. Plato

Typed Name: Jean A. Plato, General Partner

Signature: Jean A. Plato

Typed Name: Jean A. Plato, Trustee of the Jean Plato Living Trust, Limited Partner

- 11) Signature of authorized person(s) on behalf of LMJPNP, LLC:

Signature: Jean A. Plato

Typed Name: Jean A. Plato, Manager

IDAHO SECRETARY OF STATE
12/28/2011 05:00
CK: 862178 CT: 172099 BH: 1303441
1 @ 30.00 = 30.00 STMT MERGE # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

L2784

Membership Interest

CERTIFICATE

This certifies that William Louis Michalk Gift Trust dated December 14, 2011 is the lawful owner of a Membership interest of LMJPNP, LLC, an Idaho Limited Liability Company.

DATED: March 7, 2012

Jean A. Plato
Jean A. Plato, Manager

William Louis Michalk
William Louis Michalk, Manager

Transfer & Assignment

I transfer and assign unto _____,
_____ % (percent) of my
membership interest of LMJPNP, LLC, as represented by this certificate on this
___ day of _____.

This certificate is hereby canceled in exchange for new certificate No. _____.

William Louis Michalk Gift Trust dated December 14, 2011

William Louis Michalk, Trustee

Certificate #: 2

Membership Interest

CERTIFICATE

This certifies that Lori Jean Michalk Osborne Gift Trust dated December 14, 2011 is the lawful owner of a Membership interest of LMJPNP, LLC, an Idaho Limited Liability Company.

DATED: March 7, 2012

Juan A. Plato
Jean A. Plato, Manager

William Louis Michalk
William Louis Michalk, Manager

Transfer & Assignment

I transfer and assign unto _____,
_____ % (percent) of my
membership interest of LMJPNP, LLC, as represented by this certificate on this
____ day of _____.

This certificate is hereby canceled in exchange for new certificate No. _____.

Lori Jean Michalk Osborne Gift Trust dated December 14, 2011

William Louis Michalk, Trustee

Certificate #: 3

CONSENT TO ACTION TAKEN

IN LIEU OF ORGANIZATIONAL MEETING OF LMJPNP, LLC

The undersigned being the Member and Managers of the LMJPNP, LLC (the "Company") hereby consent to and ratify the action taken without a meeting to organize the Company as hereafter stated, effective on December 14, 2011.

BE IT HEREBY:

RESOLVED, that the Certificate of Organization filed on December 13, 2011, with the Secretary of State of the State of Idaho be and the same hereby is approved and that it be inserted in the record book of the Company.

The Limited Liability Company Operating Agreement for the governing of the Company, the conduct of its affairs, and the management of its property as prepared by the Grupp Law Firm, PLLC, counsel for the Company, were presented to each of the undersigned.

RESOLVED, that the Limited Liability Company Operating Agreement submitted be and the same hereby is adopted as and for the Limited Liability Company Operating Agreement of the Company, and that the Manager be and is hereby directed to cause said Limited Liability Company Operating Agreement to be inserted in the Minutes Book immediately following the Certificate of Organization.

RESOLVED, that the Company shall issue to its members certificates representing the membership interest in the Company. Each certificate shall have endorsed upon its face the name of the Member to whom it is issued, the percentage of Membership interest, the words "LMJPNP, LLC, an Idaho Limited Liability Company", the date of issue, and the signature of the Manager.

RESOLVED, that the Registered Agent for the Company shall be Jean A. Plato, whose physical address is: 2692 District Two Rd., Bonners Ferry, Idaho 83805.

RESOLVED, that the Managers for the Company shall be Jean A. Plato and William Louis Michalk (collectively, "the Manager"). The Manager shall hold the position of Manager until his resignation from the position or until a successor Manager is elected by the Members of the Company.

RESOLVED, that the Manager not be required to post a corporate surety bond before assuming the duties of that office.

RESOLVED, that the Manager shall be paid a reasonable and customary salary for his services as Manager of the Company.

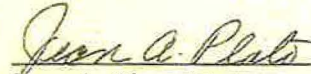
CERTIFY,

THAT, the above Consent to Action Taken in Lieu of Organization Meeting of LMJPNP, LLC has been unanimously approved by the Member and Managers, and was adopted for the Company by the Member by consent effective on December 14, 2011.

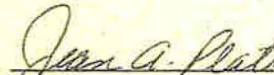
AND FURTHER, that the signing hereof shall constitute full ratification thereof and waiver of notice as may be otherwise required by law.

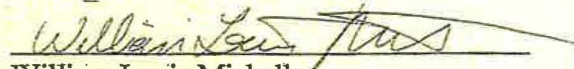
MEMBER:

Jean Plato Living Trust


Jean A. Plato, Trustee

MANAGER:


Jean A. Plato


William Louis Michalk

payment of taxes, licenses and fees of any nature whatsoever to the United States, the State of Idaho and any other state, county or municipality as may be necessary at anytime and upon the request of those authorities.

RESOLVED, that Company shall be taxed as a disregarded entity unless future transfers of Membership Interest require a partnership tax status.

RESOLVED, that accountant Leonard Schulte, CPA, is authorized to file the appropriate forms on behalf of the Company with the Internal Revenue Service regarding the taxation election of the Company.

RESOLVED, that the Manager is authorized to obtain liability insurance / errors and omissions insurance / umbrella insurance on behalf of the Company.

RESOLVED, that the fiscal year of the Company begin on January 1 and end on December 31 of each year.

RESOLVED, that an office of the Company be established and maintained at 2692 District Two Rd., Bonners Ferry, Idaho 83805, and that meetings of the Members from time to time may be held either at the principal office or at such other place as the Manager shall from time to time order.

RESOLVED, that the Company shall retain the services of the Grupp Law Firm, PLLC, to serve as the legal counsel for the Company.

RESOLVED, that the Company authorizes its members to prepare and sign a unanimous written consent in lieu of meeting to authorize and ratify all acts of the Company. These unanimous written consents shall fulfill any requirements of the Company to hold either annual meetings of its Members and Managers or special meetings of Members and Managers.

RESOLVED, that all acts and omissions undertaken on behalf of the Company by any member, employee, and/or agent thereof during the pre-formation stages or during the period of time since the date of formation, whether authorized, are hereby expressly ratified.

RESOLVED, that the Company record book hereby is adopted as the record book of the Company and that the Manager is instructed to authenticate the Minutes, to retain custody of it, and to insert therein the Minutes of this Unanimous Consent to Action and of other unanimous consents to action and meetings of the members.

RESOLVED, that the Company reimburse the Jean Plato Living Trust as Member and the Manager for all services and costs incurred in the process of formation and organization. Such payments shall be made directly from the Company's bank account and as a business expense reimbursement to any person who makes application therefor.

RESOLVED, that Panhandle State Bank of Bonners Ferry, Idaho, be and is hereby designated as a depository for the funds of the Company. The Manager is hereby authorized to sign checks and otherwise act in connection with all accounts; to withdraw funds without signature, as provided by automated teller machines or electronic banking; to endorse, receive payment of bills and notes payable to the operating account.

AND BE IT FURTHER RESOLVED, that the Manager is authorized and directed to execute such signature cards and other documents in connection with such bank accounts as may be necessary or advisable and to certify to the adoption of the standard form Resolution provided by the bank. The Manager is further authorized to negotiate or make arrangements for the necessary borrowing and incurring of indebtedness for the Company's business. A copy of any necessary resolutions in connection with this function should be and the same is attached hereto, hereby adopted and become a part of these Minutes.

RESOLVED, that the Manager, be and is hereby designated as account broker for the securities of the Company and that the Manager is hereby authorized to sign and otherwise act in connection with all accounts.

AND BE IT FURTHER RESOLVED, that the Manager is authorized and directed to execute such signature cards and other documents in connection with such investment accounts as may be necessary or advisable and to certify to the adoption of the standard form Resolution provided by the account broker. A copy of any necessary resolutions in connection with this function should be and the same is attached hereto, hereby adopted and become a part of these Minutes.

RESOLVED, that the Company shall retain the services of Leonard Schulte, CPA, to serve as accountant for the Company.

RESOLVED, that The Grupp Law Firm, PLLC, is authorized to obtain an Employer Identification Number (EIN) from the Internal Revenue Service, and that the same number shall be the EIN for the Company.

RESOLVED, that accountant Leonard Schulte, CPA, is authorized to furnish the Internal Revenue Service and any and all appropriate state, county, and municipal officials, the copies of the Certificate of Organization, the Operating Agreement, and financial statements of the Company including the EIN issued by the Internal Revenue Service or other evidence or such other documents as are necessary for the Company to conduct its business, including the reporting and