

# State of Idaho

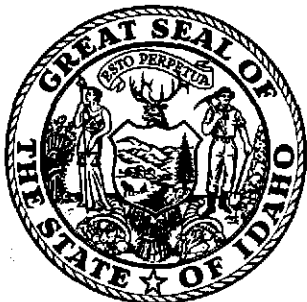
Office of the Secretary of State

## LIMITED LIABILITY COMPANY REINSTATEMENT CERTIFICATE

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that the certificate of organization of **BRIDGE HEAVEN, LLC**, file number W 20853, a limited liability company organized under the laws of the State of Idaho, was administratively dissolved on December 16, 2014, for failure to file the required annual report form by the date due.

I FURTHER CERTIFY That the limited liability company has on January 14, 2015, been reinstated on the records of this office, and that its certificate of organization in the State of Idaho are hereby restored.

Dated: January 14, 2015



*Lawrence Denney*  
SECRETARY OF STATE

By *Shirley Beckman*

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**APPLICATION FOR REINSTATEMENT**

To the SECRETARY OF STATE, STATE OF IDAHO

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the Idaho limited liability company applying for reinstatement following administrative dissolution or forfeiture, if available, is:

**BRIDGE HEAVEN, LLC**

2. The date of its organization was: **September 24, 2002**

3. The limited liability company hereby applies for reinstatement. If the entity name is unavailable, a certificate of amendment for a name change must be attached.

Signature:

Manager or Member:

Date:

(must be signed by a manager or member of the LLC)

Secretary of State use only

IDAHO SECRETARY OF STATE

01/15/2015 05:00

CK:2498176 CT:172099 BH:1457149

1@ 30.00 = 30.00 CORP REINS #2

# IDAHO STATUTORY FORM POWER OF ATTORNEY

OF

EARL F. CHANDLER

## Introductory Information

- A. This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent can make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the uniform power of attorney act, chapter 12, title 15, Idaho Code.
- B. This power of attorney does not authorize the agent to make health care decisions for you.
- C. You should select someone you trust to serve as your agent. The agent's authority will continue until your death unless you revoke the power of attorney or the agent resigns.
- D. Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.
- E. The form provides for designation of one (1) agent. If you wish to name more than one (1) agent, you may name a coagent in the Special Instructions. Coagents are not required to act together unless you include that requirement in the Special Instructions.
- F. If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.
- G. This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.
- H. If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

## Power of Attorney

1. **Designation of Agent.** I, Earl F. Chandler, name the following person as my agent:

Name: Scott J. Chandler  
Address: 1205 Warm Springs Avenue, Boise, Idaho 83712  
Telephone Number: (208) 345-9404 (home); (208) 850-7430 (cell)

2. **Designation of Successor Agent.** If my agent is unable or unwilling to act for me, I name as my successor agent:

Name: Thomas Chandler  
Address: 1206 North 24th Street, Boise, Idaho 83702  
Telephone Number: (208) 336-0459 (home); (208) 283-2421 (cell)

3. **Grant of General Authority.** I grant my agent and any successor agent general authority to act for me with respect to all of the following subjects as defined in the uniform power of attorney act, chapter 12, title 15, Idaho Code:

Real Property  
Tangible Personal Property  
Stocks and Bonds  
Commodities and Options  
Banks and Other Financial Institutions  
Operation of an Entity or Business  
Insurance and Annuities  
Estates, Trusts, and Other Beneficial Interests  
Claims and Litigation  
Personal and Family Maintenance  
Benefits from Governmental Programs or Civil or Military Service  
Retirement Plans  
Taxes

4. **Grant of Specific Authority.** My agent MAY NOT do any of the following specific acts:

Create, amend, revoke, or terminate an inter vivos trust  
Create or change rights of survivorship  
Create or change a beneficiary designation  
Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan  
Exercise fiduciary powers that the principal has authority to delegate

5. **Limitation on Agent's Authority.** An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

6. **Special Instructions.** On the following lines you may give special instructions; if there are no special instructions, then write "None":

*None*

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7. **Effective Date.** This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

8. **Reliance on This Power of Attorney.** Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it is terminated or invalid. A copy of this power of attorney may be recorded.

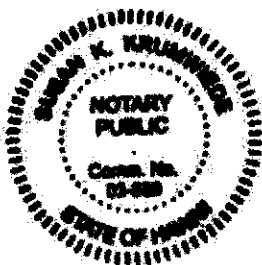
9. **Signature and Acknowledgement.**

Signature: Earl F. Chandler  
Date: 7-9-12  
Name Printed: Earl F. Chandler  
Address: 611 Wyndemere Drive, Boise, Idaho 83702  
Phone Number: (208) 345-3065 (home); (208) 841-2081 (cell)

STATE OF Hawaii )  
County of Maui ) ss.

On this 9th day of July, 2012, before me, a Notary Public in and for said state, personally appeared Earl F. Chandler, known or identified to me to be the person whose name is subscribed to the foregoing Power of Attorney, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Susan K. Krumwiede July 9, 2012  
Name printed: Susan K. Krumwiede  
Notary public for State of Hawaii  
Residing at Whitlan, Maui, Hawaii  
My commission expires Sept. 28, 2015

Susan K. Krumwiede  
Notary Public  
July 9, 2012  
Power of Attorney of Earl F. Chandler  
Idaho Statutory Form