

November 29, 2016

Mr. Lynn Coker  
SVP, NAI Capital  
75-410 Gerald Ford Dr. Ste. 200  
Palm Desert, CA 92211

RE: Site No. 13  
66338 1<sup>st</sup> Street  
APN: 639-251-031

Dear Mr. Coker,

Please accept this letter as an offer to purchase the above referenced property under the following terms:

Price:	\$14,000
Terms:	All Cash
Contingencies:	None
Title Insurance:	Standard
Closing:	Upon notification by Seller

I have a vested interest in this neighborhood, as I own the adjacent property to the east (66348 1<sup>st</sup> Street). It is my desire to continue to see this area improve and I look forward to being able to contribute to that.

While I hold my property in an LLC, I am the sole owner and there are no outside partners, structured partnerships, etc. I have enclosed proof of funds as well as a filed Statement of Information to verify ownership of the adjacent parcel.

I look forward to working with you through this process. Please don't hesitate to call my cell at 619-471-5447 with any questions.

Kindest Regards,

A handwritten signature in blue ink, appearing to read 'Bradley N. Adams', with a long horizontal flourish extending to the right.

Bradley N. Adams

Enc.



PACIFIC WESTERN BANK  
P.O. Box 131207  
Carlsbad, CA 92013-1207  
Return Service Requested

00002318-0013903-0001-0003-TIMR8007341113169492

BRADLEY N ADAMS  
PO BOX 33836  
SAN DIEGO CA 92163

Last statement: October 11, 2016  
This statement: November 11, 2016  
Total days in statement period: 31

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Direct inquiries to:  
310 278-7200

Pacific Western Bank  
9320 Wilshire Blvd Ste 105  
Beverly Hills CA 90212

YOUR PARTNER FOR EVERY STAGE OF GROWTH. OUR LENDING PROFESSIONALS  
CAN HELP YOU BETTER MANAGE AND CONTROL CASH FLOW AND GROWTH - NO  
MATTER WHAT SIZE YOUR BUSINESS IS.

### Personal Value Checkin

Account number		Beginning balance	\$36,758.74
Enclosures	10	Total additions	19,423.01
Low balance	\$14,468.29	Total subtractions	39,673.21
Average balance	\$28,356.14	Ending balance	\$16,508.54
Avg collected balance	\$28,356		

### CHECKS

Number	Date	Amount	Number	Date	Amount
✓ 3789 <i>Grove</i>	10-12	310.00	✓ 3802 <i>Rosa</i>	11-02	280.00
✓ 3791 * <i>Rosa</i>	10-12	280.00	✓ 3805 *	11-09	150.00
✓ 3793 *	10-13	3,900.00	✓ 3807 *	11-07	779.64
✓ 3797 * ✓	10-14	3,828.81	✓ 3808 ✓	11-07	3,828.61
✓ 3799 * ✓	10-14	779.64			
✓ 3801 * ✓	10-31	120.40			

\* Skip in check sequence

### DEBITS

Date	Description	Subtractions
10-12	ACH Debit	350.00
	DISCOVER E-PAYMENT 161012	
10-12	ACH Debit	500.00
	CCCU VISA CARD PAYMENT 161012	

00002318-0013903-0001-0003-TIMR8007341113169492(00002318)-000013505

*Unpaid 11/11/16*  
*3790*  
*3792*





# State of California

## Secretary of State

L

### STATEMENT OF INFORMATION

(Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**FILED**  
Secretary of State  
State of California

**JUN 14 2016**

26125/CC

This Space For Filing Use Only

#### File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER  
201616510225

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)  
CALIFORNIA

#### No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

#### Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE
3752 PARK BOULEVARD UNIT 702	SAN DIEGO	CA	92103

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE

7. STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
3752 PARK BOULEVARD UNIT 702	SAN DIEGO	CA	92103

#### Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE

#### Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
BRADLEY N. ADAMS REVO-	3752 PARK BOULEVARD #702	SAN DIEGO	CA	92103

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
CABLE LIVING TRUST				

11. NAME	ADDRESS	CITY	STATE	ZIP CODE

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS  
BRADLEY ADAMS

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
3752 PARK BOULEVARD #702	SAN DIEGO	CA	92103

#### Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY  
REAL ESTATE HOLDINGS

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

5-27-16  
DATE

Bradley N. Adams, as trustee  
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Managing Member  
TITLE

*[Signature]*  
SIGNATURE



I hereby certify that the foregoing transcript of \_\_\_\_\_ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JUN 22 2016 *gm*

Date: \_\_\_\_\_

*Alex Padilla*

ALEX PADILLA, Secretary of State