

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 1st 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 1st 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.



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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(10)

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 DISCOVER E-PAYMENT 161012 | 350.00 |
| 10-12 | ACH Debit CCCU VISA CARD PAYMENT 161012 | 500.00 |

00002318-0013903-0001-0003-TIMR8007341113169492(00002318)-000013905

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

261251cc

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