

## CERTIFICATE OF INCORPORATION

I, ALLY OF WILLIAMS, Secretary of State of the State of Idaho, and legal custodian of the corporation records of the State of Idaho, do hereby certify that the original of the articles of incorporation of

CAPE HORN ESTATES HOMEOWNERS ASSOCIATION, INC.

was filed in the office of the Secretary of State on the **first** day of **September** A. D. One Thousand Nine Hundred **seventy-one** and is duly recorded on Film Newicrofilm of Record of Domestic Corporations, of the State of Idaho, and that the said articles contain the statement of facts required by Section 30-103 and Sections 30-1001 to 30-1005, inclusive, Idaho Code.

I FURTHER CERTIFY, That the persons executing the articles and their associates and successors are hereby constituted a corporation, by the name hereinbefore stated, for

Perpetual Existence from the date hereof, with its registered office in this State located at

Bayview, Idaho in the County of Kootenai
and as such are subject to the rights, privileges and limitations granted to Non-Profit Cooperative Associations as provided in Chapter 10, Title 30, Idaho Code.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State. Done at Boise City, the Capital of Idaho, this first day of September, A.D., 1971.

Secretary of State.

1/A 236

## ARTICLES OF INCORPORATION

OF

## CAPE HORN ESTATES HOMEOWNERS ASSOCIATION, INC.

A Non-Profit Co-Operative Association

We, the undersigned subscribers, all of whom are of full age and are residents of the State of Idaho and citizens of the United States of America, do hereby associate ourselves with the intent of forming a non-profit Co-Operative Association under and pursuant to Chapter 10, Title 30, Idaho Code.

## ARTICLE I

The name of this Corporation is:

CAPE HORN ESTATES HOMEOWNERS ASSOCIATION, INC.

## ARTICLE II

The purpose for which this Corporation is founded is to operate and maintain water systems, roads and other non-profitable purposes in co-operation of the members to accomplish the following general purposes:

- (a) To acquire as owner and to hold title to certain private roadways and water distribution system in a subdivision of certain real property in Bonner County, Idaho, platted as "Cape Horn Estates", and further to acquire and hold the right to convey those certain private roadways and water distribution system to municipal bodies.
- (b) To provide a medium by means of which owners of lots or tracts of land in said subdivision can develop, maintain, operate and control the use of said roadways and water system. To buy, purchase and acquire

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where necessary land right-of-ways or other means of access deemed necessary for the full undertakings of the purposes hereof.

- (c) To provide a medium by means of which owners of lots or tracts of land in said subdivision can operate to control use and improvement of land therein.
- (d) To provide a medium by means of which such owners can co-operate in the organization of recreational and other activities in their community.
- (e) To exercise any or all of the powers permitted to non-profit corporations by the laws of the State of Idaho organized under Chapter 10, Title 30, Idaho Code, as the same exist on the date hereof, all of which are claimed as fully as if set forth herein in full, and any subsequent amendments thereto.

## ARTICLE III

The location and principal place of business of this Corporation shall be:

## Bayview, Idaho

The names and places of residence of the persons forming this Corporation are:

| E. L. MILLER    | 1001 N. 23rd Street  |
|-----------------|----------------------|
|                 | Coeur d'Alene, Idaho |
| J. T. KNUDSON   | Route #3, Box 190    |
|                 | Post Falls, Idaho    |
| SAMUEL EISMANN  | 816 Sherman Avenue   |
|                 | Coeur d'Alene, Idaho |
| ARLENE PISCHNER | P.O. Box 33          |
|                 | Coeur d'Alene, Idaho |
| KAY HEDGE       | 2915 N. Sixth Street |
|                 | Coeur d'Alene, Idaho |

## ARTICLE IV

This Corporation shall have perpetual existence.

#### ARTICLE V

- (a) The total number of memberships in this Corporation shall be 110, representing one membership for each lot or any portion thereof owned by a member.
- (b) Members of this Corporation shall be entitled to vote in person or by proxy in any meeting of the membership, as shall be provided by the By-Laws, whether for election of Directors or for any other Corporate purpose, for each Certificate of membership registered in the member's name on the books of the Corporation. Community ownership of a membership Certificate shall entitle the husband to the voting right on behalf of the community of a husband and wife, provided that a Power of Attorney filed by the husband with the Secretary of the Corporation authorizing the wife to exercise voting power shall be valid.
- Articles shall be eligible to membership in this Corporation unless he is the owner of a lot embraced in the Cape Horn Estates subdivision, and each membership shall be dependent upon continued ownership of a designated lot in the subdivision and may not be transferred as provided by 30-1004 Idaho Code. Every subsequent owner of a lot or a portion thereof in the subdivision shall become eligible for membership herein. The rights and interests of all members shall be equal and no member can have or acquire a greater interest therein than any other member.
- (d) No persons other than the original subscribers to this

  Agreement of the Association may be a member of this Corporation or hold

Certificates of Membership, unless or until he has purchased a lot or lots in the subdivision. The Corporation may, by its By-Laws or other Resolutions of the Corporation, provide for liens upon property of a member within the subdivision for assessments and dues of the Corporation, levied for the purposes of carrying out the purposes and undertakings of the Corporation for the mutual benefit of all members of the Corporation. The membership of any person in this Corporation shall be subject to the By-Laws of the Corporation and no person may be denied membership in this Corporation by reason of race, creed or color.

## ARTICLE VI

The primary source of the funds required by this Corporation to accomplish its purpose as set forth herein shall be periodic assessments to be paid by the members. The amount of such assessments and the time of payment thereof shall be established by the Board of Trustees in accordance with procedures set forth in the By-Laws and shall be related to the actual or budgeted necessary expenditures. Funds necessary to meet unforeseen or emergency expenses or those not regularly recurring may be acquired by assessment of the members on an equitable basis by the Board of Trustees. No member shall be assessed for any part of the original cost of any improvement without the member's written consent, but the use of any such improvement may be denied to any member who does not consent to assessment therefor. Failure or any member to pay any valid assessment shall be good cause of termination of his membership.

STATE OF IDAHO:

County of Kootenai:

On this \_\_\_\_\_\_\_ day of August, 1971, before me, the undersigned Notary Public, personally appeared E. L. MILLER, J. T. KNUDSON, SAMUEL EISMANN, ARLENE PISCHNER and KAY HEDGE, known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same.

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

Notary Public for Idaho.
Residing at Coeur d'Alene.

My commission expires: 8/16/74



# CERTIFICATE OF APPOINTMENT OF REGISTERED AGENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19 MAY 42 AM 9 00                                   |  |
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| KNOW ALL MEN BY THESE PRESENTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Name of Corporation)                               |  |
| an Idaho corporation, pursuant to section 30-1-12, Idaho Code, and by authority of its Board of Directors, does                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |  |
| herebyappointGary Clize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Name of Registered Agent)                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |  |
| of 101 Appleway (street address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , <u>Coeur d'Alene, Idaho</u> , Idaho as its        |  |
| Registered Agent in the State of Idaho, upon whom process issued by authority of or under any law of the State of Idaho may be served.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |  |
| IN WITNESS WHEREOF the corporation has caused this certificate to be executed and verified by its                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |  |
| President (or Vice-President) on this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 17thday of, 19 <u>79</u>                            |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |  |
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| County of Spoker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |  |
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| County of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | )                                                   |  |
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| Subscribed and sworn to before me this _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 17 day of May, 1979.                                |  |
| The state of the s |                                                     |  |
| MISSION ETSICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IN WITNESS WHEREOF, I have hereunto set my hand and |  |
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| PUSUD I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | /                                                   |  |
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| OF WASHING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |  |