



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 AUG -1 AM 9: 53

1. The name of the limited liability company is:

American Dream Solutions LLC

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated/principal office:

539 Maple Drive, Rexburg, ID 83440

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Marti Castle Warr

(Name)

539 Maple Drive, Rexburg, ID 83440

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
Marti Castle Warr	539 Maple Drive, Rexburg, ID 83440
Dennis Warr	539 Maple Drive, Rexburg, ID 83440
Michael McGuire	530 Lincoln Drive, Idaho Falls, ID 83401

5. Mailing address for future correspondence (annual report notices):

539 Maple Drive, Rexburg, ID 83440

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature *Marti Castle Warr*
Typed Name: Marti Castle Warr

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/01/2011 05:00
CK: 531 CT: 261127 BH: 1284653
1 @ 100.00 = 100.00 DREAM LLC # 2

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