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CERTIFICATE OF ASSUMED BUSINESS NAME

SECRETARY OF STATE

Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bus	undersigned STATE UF IDAHU	
Please type or print legibly. Instructions are included on back of appli	cation.	
The assumed business name which the undended business is: MCW Financial Network	ersigned use(s) in the transaction of	
MOVV Financia Network		
 The true name(s) and <u>business</u> address(es) business under the assumed <u>business</u> name <u>Name</u> 	of the entity or individual(s) doing :: Complete Address	
American Dream Solutions, LLC	P.O. Box 50475, Idaho Falls, ID 83405-0475	
(W105450)		
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining	and Public Utilities Submit Certificate of	
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed: Marti Castle Warr, Owner/Member P.O. Box 50475 Idaho Falls, ID 83405-0475	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgment copy is (# other than # 4 above):		
Signature: Mark Office	Secretary of State use only	
Printed Name Marti Castle Warr	IDAHO SECRETARY OF STATE	
Capacity/Title: Owner/Member	07/01/2014 05:00	
Signature:	CK:2023200 CT:172099 BH:1431581 10 25.00 = 25.00 ASSUM NAME #2	
Throat value.		
Oupdoity/ Title.	0172294	