



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN 28 AM 10:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Dream Center LLC

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

803 Main Street

(Street Address)

Caldwell, ID 83605

(Mailing Address, if different than street address)

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

Barbara Norton

(Name)

803 Main Street, Caldwell, ID 83605

(Street Address)

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

Name

Address

Barbara Norton

PO Box 1110, Homedale, ID 83628

Irma Shenk

26501 Indian Cove Lane, Hammett, ID 83627

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

PO Box 1110, Homedale, ID 83628

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Barbara Norton

Typed Name: Barbara Norton

Signature

Irma Shenk

Typed Name: Irma Shenk

Secretary of State use only

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01/28/2013 05:00
CK: 3128 CT: 278650 BH: 1357501
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