



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

2017 MAR -2 PM 2: 26

Complete and submit the application in duplicate.

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

~~Jamie's Moving Company LLC~~

American Dream Moving LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

1020 N Lincoln St Post Falls, ID 83854

(Street Address)

(Mailing Address, if different)

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

Alejandro Rosabal Rodriguez

1020 N Lincoln St Post Falls, ID 83854

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Jamie Rowe

1020 N Lincoln St Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1020 N Lincoln St Post Falls, ID 83854

(Address)

Signature of organizer(s).

Signature:

Printed Name: Alejandro Rosabal Rodriguez

Signature:

Jamie Rowe

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

03/02/2017 05:00

CK:20661455958 CT:335447 BH:1571616

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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