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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 105450</b>                                                                                                                                    |                     | <b>Due no later than Aug 31, 2017</b>                                                                                                                       |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br>AMERICAN DREAM SOLUTIONS LLC<br>MARTI CASTLE WARR<br>PO BOX 50475<br>IDAHO FALLS ID 83405-0475 |             | MARTI CASTLE WARR<br>820 SATURN AVE<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                             |             | 3. <u>New</u> Registered Agent Signature:*                  |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                     |                                                                                                                                                             |             |                                                             |         |             |  |
| Office Held                                                                                                                                            | Name                | Street or PO Address                                                                                                                                        | City        | State                                                       | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | DENNIS C WARR       | PO BOX 50475                                                                                                                                                | IDAHO FALLS | ID                                                          | USA     | 83405-0475  |  |
| MEMBER                                                                                                                                                 | MARTI M CASTLE WARR | PO BOX 50475                                                                                                                                                | IDAHO FALLS | ID                                                          | USA     | 83405-0475  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 105450</b>                                                                                          |                     | 6. Annual Report must be signed.*<br>Signature: Marti Castle Warr<br>Name (type or print): Marti Castle Warr<br>Date: 10/09/2017<br>Title: Member           |             |                                                             |         |             |  |
| Processed 10/09/2017                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                   |             |                                                             |         |             |  |