



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 18 AM 11:47

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Tri Wave LLC

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

5514 Lake River Lane Boise, Idaho 83703

(Street Address)

(Mailing Address, if different than street address)

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

Frank McDonald

5514 Lake River Lane Boise, Idaho 83703

(Name)

(Street Address)

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

**Name**

**Address**

Frank McDonald

5514 Lake River Lane Boise, Idaho 83703

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

5514 Lake River Lane Boise, Idaho 83703

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Frank McDonald

Typed Name: Frank McDonald

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
06/18/2010 05:00  
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