

**FILED EFFECTIVE**

251



# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 AUG 21 AM 11:40

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Wheels & Waves, LLC

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

503 Cedar Street Sandpoint, ID 83864

(Street Address)

(Mailing Address, if different than street address)

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

Pamela Larson

(Name)

217 Cedar St Ste 132 Sandpoint, ID 83864

(Street Address)

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

**Name****Address**Pamela Larson217 Cedar St Ste 132 Sandpoint, ID 83864

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

503 Cedar Street Sandpoint, ID 83864

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

Signature of a manager, member or authorized person.

Signature

Pamela R. LarsonTyped Name: Pamela R. Larson

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

08/21/2012 05:00

CK: 1105211 CT: 172099 DH: 1336741

1 @ 100.00 = 100.00 ORGAN LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

cert\_019\_llc Rev. 07/2010

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