







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY

COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003913475

Date Filed: 6/22/2020 1:54:09 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)	
1. Limited Liability Company Name		
Type of Limited Liability Company	Limited Liability Company	
Entity name	Next Wave Impact BlocPower SPV, LLC	
2. The complete street address of the principal office is:		
Principal Office Address	C/O LOON CREEK CAPITAL 575 E PARKCENTER BLVD 150 BOISE, ID 83706	
The mailing address of the principal office is:		
Mailing Address	C/O LOON CREEK CAPITAL PO BOX 171182 BOISE, ID 83717-1182	
4. Registered Agent Name and Address		
Registered Agent	LOON CREEK CAPITAL GROUP, LLC Registered Agent	
	Physical Address	
	575 E PARKCENTER BLVD	
	150 BOISE, ID 83706	
	Mailing Address	
	PO BOX 171182	
	Denise Dunlap BOISE, ID 83717	
☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed to the registered		
	Address	
Name Next Wave Impact, LLC	ALICIA ROBB 1031 33RD ST.	
	DENVER, CO 80205	
Signature of Organizer:		
Michelle Ward	06/22/2020	
riichene vvara		