







STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005660296

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Ser descriptions below)	rvice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Retrowave Pool & Spa LLC
2. The complete street address of the principal office is:	
Principal Office Address	1204 7TH ST N
	NAMPA, ID 83687
3. The mailing address of the principal office is:	
Mailing Address	1204 7TH ST N
	NAMPA, ID 83687-3425
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Gavin Hickman Physical Address:
	1204 7TH ST N
	NAMPA, ID 83687
	Mailing Address:
	1204 7TH ST N
	NAMPA, ID 83687-3425
I affirm that the registered agent appointed has	s consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Gavin Hickman	1204 7TH ST N
	NAMPA, ID 83687
Signature of Organizer:	
Gavin Hickman	03/27/2024
Sign Here	Date