



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 JAN 21 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Blue Wave Productions LLC

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

585 12th Street Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

Derick Brown

(Name)

585 12th Street Idaho Falls, ID 83404

(Street Address)

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

Name

Address

Derick Brown

585 12th Street Idaho Falls, ID 83404

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

585 12th Street Idaho Falls, ID 83406

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Derick Brown

Typed Name: Derick Brown

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/21/2011 05:00
CK: 4957 CT: 254595 BH: 1256344
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