





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

PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005951362

10/28/2024

Date

Date Filed: 10/28/2024 7:43:10 AM

Certificate of Organization Limited Liability Select one: Standard, Expedite descriptions below)	• •	Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		One Wave LLC	
2. The complete street address of the prin	cipal office is:		
Principal Office Address		11 SOUTH MONTGOMERY LANE RUPERT, ID 83350	
3. The mailing address of the principal offi	ce is:		
Mailing Address		11 S MONTGOMERY LN RUPERT, ID 83350-1242	
4. Registered Agent Name and Address			
Registered Agent		Penelope L Parker	
		Registered Agent	
		Physical Address	
		378 FALLS AVE TWIN FALLS, ID 83301	
		Mailing Address	
		PO BOX 5199	
		TWIN FALLS, ID 83303-5199	
I affirm that the registered a	gent appointed has consented	to serve as registered agent for this entity.	
5. Governors			
Name		Address	
Mark Wright	11 SOUTH MONTGOI RUPERT, ID 83350	11 SOUTH MONTGOMERY LANE RUPERT, ID 83350	
	OCC MAIN AVE NODE	320 MAIN AVE NORTH TWIN FALLS, ID 83301	

Signature of Organizer:

Mark Wright

Sign Here