

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF DISSOLUTION

*WHEREAS, a Certificate of Dissolution of*

**WAVE TECHNOLOGIES, INC.**

*an Oklahoma corporation has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.*

*NOW THEREFORE, I, the undersigned Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this Certificate of Dissolution evidencing such filing.*

*IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed, the Great Seal of the State of Oklahoma.*



*Filed in the city of Oklahoma City this  
27th day of February, 2004.*

*M. Susan Savage*

*Secretary of State*



# OKLAHOMA CERTIFICATE OF DISSOLUTION

TO: OKLAHOMA SECRETARY OF STATE  
2300 N. Lincoln Blvd., Room 101, State Capitol Building  
Oklahoma City, Oklahoma 73105-4897  
(405) 522-4560

The undersigned, for the purpose of dissolving said corporation pursuant to Section 1096 of the Oklahoma General Corporation Act, hereby certifies:

1. The name of the corporation is:

WAVE TECHNOLOGIES, INC

2. The date of incorporation of such corporation is: 10-24-2002

3. The name of its registered agent and the street address of its registered office in the State of Oklahoma is:

HOWARD C. WHETZEL 8251 LAKE RD PONCA CITY KAY 74604  
Name Street Address City County Zip Code  
**(P.O. BOXES ARE NOT ACCEPTABLE)**

4. The date dissolution was authorized: 1 MARCH 2004

5. Check the applicable statement:

The dissolution has been authorized by the board of directors and shareholders of the corporation in accordance with subsections A & B of Section 1096.

**OR**

The dissolution has been authorized by all of the shareholders of the corporation entitled to vote on a dissolution in accordance with subsection C of Section 1096.

RECEIVED

FEB 27 2004

OKLAHOMA SECRETARY  
OF STATE

6. The names and addresses of its officers are:

	NAME	ADDRESS	CITY	STATE	ZIP CODE
PRESIDENT	<u>HOWARD C. WHETZEL 8251 LAKE RD Ponca City, OK 74604</u>				
VICE PRESIDENT	_____				
SECRETARY	<u>LISA D. WHETZEL SAME AS ABOVE</u>				
ASST. SECRETARY	_____				
TREASURER	_____				

7. The names and addresses of its directors, if any, are:

	NAME	ADDRESS	CITY	STATE	ZIP CODE
DIRECTOR	_____				
DIRECTOR	_____				
DIRECTOR	_____				

IN WITNESS WHEREOF, said corporation has caused this certificate of dissolution to be executed this 24 day of January 2011

[Signature]  
Signature

List Title PRESIDENT

HOWARD C. WHETZEL  
Type or Print Name

ATTEST:

[Signature]  
Signature

List Title SECRETARY

LISA D. WHETZEL  
Type or Print Name