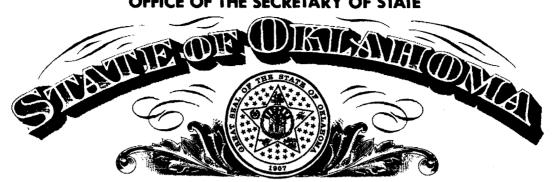
OFFICE OF THE SECRETARY OF STATE



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.

Secretary of State

OKLAHOMA SECRETARY OF STATE

02/27/2004 02:38 PM OKLAHOMA 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:
	WAUE TECHNOLOGIES, INC
2.	The date of incorporation of such corporation is:
3.	The name of its registered agent and the street address of its registered office in the State of Oklahoma is:
Hou	DARD C. WHETZEL BISI LAKERD PONCACTY KAY 14604
	Name Street Address City County Zip Code (P.O. BOXES ARE NOT ACCEPTABLE)
4. 5.	The date dissolution was authorized: MARCH 1004
	The dissolution has been authorized by the board of directors and shareholders of the corporation in accordance with subsections A & B of Section 1096.
	<u>or</u>
	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 2 7 2004

6. The names and addresses of its officers are: NAME **ADDRESS** CITY **STATE** ZIP CODE HOWARD C. WHETZEL EISI LAKE RD **PRESIDENT** VICE PRESIDENT 484 O. WIKETZEL SAME AS ADOUT **SECRETARY 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 _______ day ATTEST: List Title SECRETAL

> . ルルモー 2 ミュ Type or Print Name

> > (SOS FORM 0019-12/01)