# ZONA CORP COMMISSION

## ARIZONA CORP. COMMISSION FILED



SEP 1 8 2016

TLENO, FA1242278

OCT 2 4 2016

ENO F. 21242278

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE OHLY.

### APPLICATION FOR AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA

Read the Instructions C018i

			Read the Instructions <u>Cutai</u>	
1.	ENTITY TYPE - check only a	inte to in	dicate the type of entity applying for a	uthority:
	FOR-PROFIT CORPORATION NONPROFIT CORPORATION PROFESSIONAL CORPORATION CLOSE CORPORATION BUSINESS TRUST BUSINESS DEVELOPMENT CORPORATION SOLE	IN ATION	INSURER SAVINGS AND LOAN ASSOCIATE CREDIT UNION TRUST COMPANY COOPERATIVE MARKETING ASSOCIATE ELECTRIC COOPERATIVE NON-PI NONPROFIT ELEC. GENERATION	OCIATION
2.	NAME IN STATE OR COUNTR corporation: WASTEWATER SOLIDS			– enter the exact, true name of the foreign
3.	NAME TO BE USED IN ARIZO will use in Arizona by checking 3	NA (ENT 3.1, 3.2,	TTY NAME) — see Instructions CO18i or 3.3 (check only one), and follow in:	- identify the name the foreign corporation structions
3.1	Name in state or country of incorporation, with no changes - Go to number 4.	3.2	Name in state or country of incorporation, with a corporate identifier added to it - Enter the name in number 3.4 below.	3.3 Fictitious name (check this only if the foreign corporation's name in its state or country of incorporation is not available for use in Arizona) – Enter the name in number 3,4 below.
3.4	If you checked 3.2 or 3.3, er	iter or pi	int the name to be used in Arizona:	
<b>4. 5.</b>	FOREIGN DOMICILE — list the		r country in which the foreigh corporal  IGN DOMICILE: 5/1/2000	tion is incorporated: NEVADA
6.	<b>DURATION</b> - the duration or if boxes is checked below and the	ife period blanks a	i of the foreign corporation is presum are filled in:	ed to be perpetual unless one of the
	The corporation's life	period w	ill end after the expiration of ill end on this date ill end upon the occurrence of this eve	(enter a date).
				(describe an event).
7.	may engage in the state or cou	ntry und	urpose is to engage in any or all lawfu er whose law the foreign corporation i here are no limitations on the corporat	I business or affairs in which corporations is incorporated, subject to the following tion's purpose):

			•

CHARACTER OF BUSINESS - briefly describe the character of business or affairs the foreign corporation initially
intends to conduct in Arizona. NOTE that the character of business or affairs that the foreign corporation ultimately
conducts is not limited by the description provided.

DIGESTER, LAGOON & POND CLEANING - WASTEWATER TREATMENT PLANTS

PRINCIPAL OFFICE ADDRESS - FOREIGN     DOMICILE STREET ADDRESS - see Instructions COLBI     - give the physical or street address (not a P. O. Box)     of the foreign corporation required to be maintained in     its state or country of incorporation, or, if not so     required, of the foreign corporation's statutory agent in     its state or country of incorporation:			Is the Arizona known place of business street address the same as the street address of the statutory agent?  Yes - go to number 11 and continue.  No - provide the Arizona physical or street address (not a P.C. Box) below:			
ATTENTION: VICK	Y PRINCE					
Attention (optional) 163 US HIGWAY 95	Α		Attention (optional)	<del>-</del>		
Address 1	<u>a</u>	<del></del>	Address 1			
PO BOX 826						
Address 2 (optional)	NV	89447	Address 2 (optional)			
City YERINGTON	State	Zip	City	State	Zip	
address (n statutory ag Amanda Bacon	r an entity) and ot a P.O. Box) in pent:	physical or street		mailing address agent (can be a		
Statutory Agent Name (required)						
Attention (optional)			Attention (optional)		<del></del> _	
10401 N. 33rd Avenu	ie Apt 3U6	<del></del>	Address 1	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Address 2 (optional)  Phoenix	AZ	85051	Address 2 (options))			
Caty	State	Zip	City	State	Application For	
11.3 REQUIRED Authority.	- trie <u>Statutor</u>	y Agent Acceptance I	form M002 must be submitted	along with this	Application For	
			each and every Director of the Director Attachment form COS	•	If more space is	
Jim 6	LAND	less	Republic Manua			
	826		Director Name			
Address 2 (optional)			Address 2 (optional)			
country Yearnak	on USA Trave	NV 89447	City	State or Province	Zip	
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	<del></del>						
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Date teking	office (optional):				g office (optional):		
	TCERS - list the name an	d business s	reletiveness of all			If more con-	·
	eeded, check this box 🔲	and complete	and attach th	e Officer /	Attachment form C085.	· II IIIOTO SPAI	, <del>***</del>
	LANDERS		<u> </u>		PRINCE		
Officer Name	<del></del>	<del></del>		Officer Na	<u> </u>		
PO BOX	<b>ረ 826</b>			PO BO	X 826		
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1.12 - 47							
Address 2 (o YERIN		NV	89447	YERIN	(optional) IGTON	NV	89447
City	UNITED STATES	State or Province	Zip	City	UNITED STATES	State or Province	Zip
Country Date taking	office (optional):	Officer tibles		Country	g office (optional):	Officer Titles	
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<del></del>		Tea-curean				Secretary	
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Address 1				Address 1			
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YERING	TON	NV	89447	1		1	]
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	† Section of the Contract of t			AUG. 655 &	(ediment)		
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	Shares Authorized Attachment form			
	CIRRISI COMMON	Series: 1THRU 20	Total: 20	Par Volue: 0
				Par Volum:
15,	FOR-PROFITS ONLY - SHARES ISS total number and par value of shares	IJED - see <u>Instruction</u> of that class that have	<u>ns C018i</u> - list each cia a been ISSUED. If no s	ss/series of authorized shares and give the shares of that class have been issued, put attach the <u>Shares Issued Attachment</u> form
:	Zess:	Series:	Total:	Par Valuer
;	Teres:	Series:	Total:	Par Value:
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17.	PROFESSIONAL CORPORATIONS (number 1, briefly describe the type of law firm):	PNLY - PROFESSION professional services	IAL SERVICES — if "pr the corporation will re	ofessional corporation" is checked in nder (examples: accounting, medical,
	number 1, briefly describe the type of	f professional services	the corporation will re	ofessional corporation" is checked in nder (examples: accounting, medical,
	number 1, briefly describe the type of law firm):  PROFESSIONAL CORPORATIONS Of the signature appearing on the that at least one-half of its share!	PROFESSIONAL SERVICES  NLY PROFESSION  document, the foreign olders who are entitle a licensed in one or m	AL LICENSE:  In professional corporal to vote for the elections are states to render a professional corporal	rofessional corporation" is checked in order (examples: accounting, medical, displaying the certifies under penalty of perjury on of directors, and at least one-half of professional service described in the
	number 1, briefly describe the type or law firm):  PROFESSIONAL CORPORATIONS O  By the signature appearing on the that at least one-half of its sharely its directors, and its president, and foreign professional corporation's   NOTE: You must attact showing that a	PROFESSIONAL SERVICES  NLY PROFESSION  S document, the foreign  colders who are entities  colders who are entitled  col	AL LICENSE:  In professional corporal d to vote for the elections states to render a pure.  It the licensing author rofessional corporations	nder (examples: accounting, medical, tion certifies under penalty of perjury on of directors, and at least one-half of
L <b>B.</b> 1	number 1, briefly describe the type of law firm):  PROFESSIONAL CORPORATIONS OF the signature appearing on the that at least one-half of its sharely its directors, and its president, and foreign professional corporation's NOTE:  NOTE:  You must attach showing that a licensed in Articlessed	NLY PROFESSION  document, the foreign olders who are entitied licensed in one or marticles of incorporation a statement from it least one of the parameter that	AL LICENSE:  In professional corporate ore states to render a poin.  I the licensing author refessional corporate professional service.	tion certifies under penalty of perjury on of directors, and at least one-half of professional service described in the fity in Arizona for the profession on's shareholders or employees is (See A.R.S. § 10-2245.)
L8, 1	number 1, briefly describe the type or law firm):  PROFESSIONAL CORPORATIONS O  By the signature appearing on the that at least one-half of its sharel its directors, and its president, and foreign professional corporation's  NOTE: You must attact showing that a licensed in Art.  NATURE: By checking the box of document together with the state of the state	PROFESSION  S document, the foreign colders who are entitled in one or marticles of incorporation a statement from it least one of the parameter that the property is a statement from the parameter of the parame	AL LICENSE:  In professional corporate or states to render a purious or states to render a purious or time licensing author refessional corporate professional service.  W, I acknowledge under submitted in compliant	tion certifies under penalty of perjury on of directors, and at least one-half of professional service described in the fity in Arizona for the profession on's shareholders or employees is (See A.R.S. § 10-2245.)
L8, 1	number 1, briefly describe the type or law firm):  PROFESSIONAL CORPORATIONS O  By the signature appearing on the that at least one-half of its sharel its directors, and its president, and foreign professional corporation's  NOTE: You must attact showing that a licensed in Art.  NATURE: By checking the box of document together with the state of the state	PROFESSION  S document, the foreign colders who are entitled in one or marticles of incorporation a statement from it least one of the parameter that the property is a statement from the parameter of the parame	AL LICENSE:  In professional corporate or states to render a purious or states to render a purious or time licensing author refessional corporate professional service.  W, I acknowledge under submitted in compliant	tion certifies under penalty of perjury on of directors, and at least one-half of professional service described in the lity in Arizona for the profession on's shareholders or employees is (See A.R.S. § 10-2245.)
KIGI	number 1, briefly describe the type or law firm):  PROFESSIONAL CORPORATIONS O  By the signature appearing on the that at least one-half of its sharely its directors, and its president, and foreign professional corporation's   NOTE: You must attact showing that a licensed in Articles.  By checking the box of document together with the control of the	PROFESSIONAL SERVICES  NLY PROFESSION  Secondary, the foreign olders who are entitled in one or marticles of incorporation a statement from it least one of the parameter of	AL LICENSE:  In professional corporated to vote for the elections states to render a purious refessional corporate professional corporate professional corporate professional service.  W. I acknowledge under submitted in compliant compliant corporate submitted in compliant compliant corporate professional service.	tion certifies under penalty of perjury on of directors, and at least one-half of professional service described in the rity in Arizona for the profession on's chareholders or employees is (See A.R.S. § 10-2245.)
K.GI	number 1, briefly describe the type or law firm):  PROFESSIONAL CORPORATIONS O  By the signature appearing on the that at least one-half of its sharel its directors, and its president, and foreign professional corporation's  NOTE: You must attact showing that a licensed in Art.  NATURE: By checking the box of document together with the state of the state	Primed N	AL LICENSE:  In professional corporated to vote for the elections states to render a purious refessional corporate professional corporate professional corporate professional service.  W. I acknowledge under submitted in compliant compliant corporate submitted in compliant compliant corporate professional service.	tion certifies under penalty of perjury on of directors, and at least one-half of professional service described in the lity in Arizona for the profession on's shareholders or employees is (See A.R.S. § 10-2245.)  The penalty of perjury that this ce with Arizona law.

Filing Fee: \$1.75.00 (regular processing)
Expedited processing - add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions. Mall: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100 Fax:

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5619.

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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

### STATUTORY AGENT ACCEPTANCE

Please read Instructions MOD21

			IS A COUNTY I TOUZE			
1.	ENTITY NAME – give the exact name in / Statutory Agent (this must match exactly tistatutory agent, e.g., Articles of Organization Waste Water Solids Management INC	he nam	e as listed on the documer	that has appointed the nt appointing the		
2.	STATUTORY AGENT NAME — give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity). NOTE — the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:					
	Amanda Bacon					
			a			
3,	STATUTORY AGENT SIGNATURE:					
	By the signature appearing below, the indivaccepts the appointment as statutory agent acknowledges that the appointment is effect agent or the statutory agent resigns, which	t for the tive un	e entity named in number til the appointing entity re	1 above, and		
	The person signing below declares and cert contained within this document together wisubmitted in compliance with Arizona law.					
A	<b></b>					
1	A A MANUAL	rmanda		09/09/2016		
Sign	Prince Pr	inted Name		Date		
	QUIRED - check only one:					
	Individual as statutory agent: I am signing on behalf of myself as the individua (natural person) named as statutory agent		Entity as statutory ago behalf of the entity name and I am authorized to a	ed as statutory agent,		
[Ex]	ng Fee: none (regular processing) pedited processing – not applicable. fees are nonrefundable - see Instructions.	Mail: Fax:	Arizona Corporation Commission 1300 W. Washington St., Phoen 602-542-4100			

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arzona Corporation Complesion are public record and are open for public inspection.

If you have questions after reading that instructions, please call 602-542-3026 or (within Advona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

### **CERTIFICATE OF DISCLOSURE**

Read the Instructions C003i

1.		Y NAME – give the exact name of the corporation in Arizona: Water Solids Management INC		
2.	A.C.C. Find the A	FILE NUMBER (if already incorporated or registered in AZ):C.C. file number on the upper corner of filed documents OR on our website at: <a href="http://www.azcc">http://www.azcc</a>	.gov/Divisions/Co _	rporations
3.	Check		usly-filed	
4.	Has an control cent of	//JUDGMENT QUESTIONS: y person (a) who is currently an officer, director, trustee, or incorporate or holds over ten per cent of the issued and outstanding common any other proprietary, beneficial or membership interest in the corporate or membership in the corporate or	shares or to	n per
	4.1	Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the five-year period (seven years for Nonprofits) immediately preceding the signing of this certificate?	∐ Yes	n No
	4.2	Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the five-year period (seven years for Nonprofits) immediately preceding the signing of this certificate?	☐ Yes	■ No
	4.3	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the five-year period (seven years for Nonprofits) immediately preceding the signing of this certificate, invoiving any of the following:		
		<ul> <li>a. The violation of fraud or registration provisions of the securities laws of that jurisdiction;</li> <li>b. The violation of the consumer fraud laws of that jurisdiction;</li> <li>c. The violation of the antitrust or restraint of trade laws of that jurisdiction?</li> </ul>	☐ Yes	™ No
	4.4	If any of the answers to numbers 4.1, 4.2, or 4.3 are YES, you MU and attach a Certificate of Disclosure Felony/Judgment Attachment for		e

E DANIVOLISTON OF THE PARTY					
5. BANKRUPTCY QUESTION					
incorporator, or (b) the issued and outs	who controls or I standing common	an officer, director, trustee, holds over twenty per cent of shares or twenty per cent of nembership interest in the			
corporation, served	in any such capa	city or held a twenty per	☐ Yes	<b>■</b> No	
Certificate) on the i	otner corporationskruptcy or rec	ion (not the one filing this elvership of the other			
corporation?				<u> </u>	
5.2 If the answer to nur Disclosure Bankruptcy	Attachment form	you <b>MUST</b> complete and attach C005.	a Certifica	te of	
Certificate becomes an officer, director outstanding shares or ten per cent of a	r, trustee ar person co any other proprietary, NTAL Certificate provid	e Certificate to the A.C.C. any person re outrolling or holding over ten per cent of beneficial or membership interest in ti ding information about that person, sig	of the issued a	nd . the	
SIGNATURE REQUIREMENTS: Initial Certificate of Disclosure:	This Cortificate wast	ha signad by all incorporators. If man	a conto le non		
complete and attach an Incorporator Attachment form COB4.					
Foreign corporations:	the Board of Directors.				
Credit Unions and Loan Companies:	Unions and Loan Companies: This Certificate must be signed by any 2 officers or directors.				
im G. Landers					
lame		Name		·	
O Box 826	<u> </u>	Address 1			
		Manual I			
Verington NV		Acidress 2			
City UNITED STATES State	Zip	City Country	- State	Zip	
SIGNATURE - see Instructions C003i:		SIGNATURE see Instructions	C0031:		
By typing or entering my name and che "I accept" below, I acknowledge under points of any attache this document together with any attache compliance with Arizona law.	enalty of perjury that	"I accept" below, I acknowledge	under penalty	of perjury the	
Lin D STACCETT	· !		ACCEPT		
im G. Landers	09/09/2016	Signature	_ <del></del> -		
Printed Name	Pate	Printed Name	<del>-</del>	Date	
LEQUIRED - check only one:		REQUIRED - check only one:			
Incurporator - I am an incorporation submitting this Certificate  Incurporation submitting this Certificate  Submitting this Certificate	ficate.	Incorporator - I am an corporation submitting the Officer - I am an officer submitting this Certificate	is Certificate. of the corpora		
Chairman of the Board of Director Chairman of the Board of Director submitting this Certificate.	rs of the corporation	Chairman of the Board of submitting this Certificate	of Directors Directors of ti		
Director - I am a Director of the company submitting this Certification		Director - I am a Director company submitting this	or of the credit	t union er loan	
Filing Fee: None	<del> </del>	Mail: Arizona Corporation Commiss	ion - Cornorat	te Filinas Sacti	
All fees are nonrefundable - see Insti	ructions	1300 W. Washington St., Pho			
		Fax: 602-542-4100			

If you have questions after resuling the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

#### STATE OF NEVADA

#### BARBARA K. CEGAVSKE

Secretary of State

#### JEFFERY LANDERFELT

Deputy Secretary for Commercial Recordings



### OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division

202 N. Carson Street Carson City, NV 89701-4201 Telephone (775) 684-5708 Fax (775) 684-7138

**Job:**C20161003-0805 October 3, 2016

VICKY PRINCE WASTEWATER SOLIDS MANAGEMENT, INC. PO BOX 826 YERINGTON, NV 89447

#### Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Cert of Existence (good	11966-2000	5/1/2000	1	\$50.00	\$50.00
standing - short form)					
Total					\$50.00

**Payments** 

Туре	Description	Amount
Credit	003837 4755129897276295103056	\$50.00
Total		\$50.00

Credit Balance: \$0.00

Job Contents:

Web Certificate of Good Standing Short(s):

1

VICKY PRINCE WASTEWATER SOLIDS MANAGEMENT, INC. PO BOX 826 YERINGTON, NV 89447

SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, WASTEWATER SOLIDS MANANGEMENT, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 1, 2000, and is in good standing in this state.

STAL OF THE STATE 
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 3, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20161003-0805
You may verify this electronic certificate
online at http://www.nvsos.gov/

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#### STATE OF NEVADA

#### BARBARA K. CEGAVSKE

Secretary of State

#### JEFFERY LANDERFELT

Deputy Secretary
for Commercial Recordings



#### Commercial Recordings Division

202 N. Carson Street Carson City, NV 89701-4201 Telephone (775) 684-5708 Fax (775) 684-7138

### OFFICE OF THE SECRETARY OF STATE

**VICKY PRINCE** 

NV

**Job:**C20161020-1304 October 20, 2016

**Special Handling Instructions:** 

EMAIL 10/20/16 RA CC ENTIRE FILE C20161020-1304 VPRINCE@WASTEWATERMANAGEMENT.COM

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Entity Copies	00010447729-84		24	\$2,00	\$48,00
Copies - Certification of Document	00010447729-84		1	\$30.00	\$30,00
24-HR Copy Expedite	00010447729-84		1	\$125.00	\$125.00
Total					\$203.00

**Payments** 

Туре	Description	Amount
Credit	4769926278846523203060]	\$203.00
Total		\$203.00

Credit Balance: \$0.00

Job Contents:

NV Corp Certified Copy Request Cover 1 Letter(s):

**VICKY PRINCE** 

NV

		,

#### STATE OF NEVADA

BARBARA K. CEGAVSKE Secretary of State



#### JEFFERY LANDERFELT

Deputy Secretary for Commercial Recordings

#### OFFICE OF THE SECRETARY OF STATE

#### **Certified Copy**

October 20, 2016

Job Number:

C20161020-1304

**Reference Number:** 00010447729-84

**Expedite:** 

Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
C11966-2000-001	Articles of Incorporation	2 Pages/1 Copies
C11966-2000-005	Initial List	1 Pages/1 Copies
C11966-2000-006	Annual List	1 Pages/1 Copies
C11966-2000-004	Annual List	1 Pages/1 Copies
C11966-2000-003	Annual List	1 Pages/1 Copies
C11966-2000-002	Annual List	1 Pages/1 Copies
20050041955-21	Amended List	1 Pages/1 Copies
20050041957-43	Resignation of Officers	1 Pages/1 Copies
20050133949-96	Annual List	1 Pages/1 Copies
20060256697-63	Annual List	1 Pages/1 Copies
20060315647-24	Registered Agent Change	1 Pages/1 Copies
20070180850-41	Annual List	I Pages/1 Copies
20070217450-98	Registered Agent Change	1 Pages/1 Copies
20080235130-24	Annual List	1 Pages/1 Copies
20090331694-97	Annual List	1 Pages/1 Copies
20100555102-11	Annual List	1 Pages/1 Copies
20110266748-07	Annual List	1 Pages/1 Copies
20120301907-15	Annual List	1 Pages/1 Copies
20130281236-78	Annual List	1 Pages/1 Copies
20130316871-12	Registered Agent Change	1 Pages/1 Copies
20140250736-90	Annual List	1 Pages/1 Copies
20150237161-88	Annual List	1 Pages/1 Copies
20160189925-13	Annual List	1 Pages/1 Copies

#### **Commercial Recording Division**

202 N. Carson Street Carson City, Nevada 89701-4201 Telephone (775) 684-5708 Fax (775) 684-7138

		•



Certified By: Raphael Alves
Certificate Number: C20161020-1304
You may verify this certificate
online at http://www.nvsos.gov/

Respectfully,
Bouhara K. Cegarste BARBARA K. CEGAVSKE

Secretary of State

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۲,

DEAN HELLER Secretary of State

101 North Carson Street, Suite 3 Carson City, Nevada 89701-4786 (775) 684 5708

# Qualification to do Business in Nevada (PURSUANT TO NRS 80)

Office Use Only

### FILE + C11965-00

MAY 0 1 2000

THE OFFICE

		nportant: Read attached instructions before co	mpleting form.	
1.	Name of Corporation (must be the same as shown on the certificate of existence)	Denali Ventures, Inc.		
2.	State of incorporation			
_		Wyoming		
J.	Resident Agent Name and Street Address: (must be a Nevade address where process may be served)	The Corporation Trust Compa	uny of Nevada	
		6100 Neil Rd Ste 500 Street Address	Reno , NEVADA 89511 City Zip Code	
4.	Shares: (No. of shares comparation authorized to issue. Please attech documentation)	Total authorized stock: 1000 Common		
		(a) Number of shares with per value: 0	· · · · · · · · · · · · · · · · · · ·	
		(b) Par value of each share: None		
		(c) Number of shares without par value: 1000	<u> </u>	
5.	Purpose:	The purpose of this Corporation shall be:		:
		Manage vacant real estate,	or any legal lawful purpose	
6.	Name, Title & Signature of	-		
	Officer Making Statement	Charley Dickey	President	
		of Shaller	Title	84/67/2888 89:21A
		Signature		- 66
7.	Certificate of Acceptance of Appointment of	`		
	Resident Agent:	The Corporation Trust Co. of NV	hereby accept appointment as Resident Agent for the above named corporation.	N125
		Marie & Sunchan	March 23, 2000	FY88-86
		Signature of Resident Agent	Date	— <u>.</u>

		*

has been paid in, shall not be subject to assessment to pay debts of the corporation and no paid up stock and no stock issued as fully paid shall ever be assessable or assessed and the Articles of Incorporation shall not be amended in this particular.

#### ARTICLE V

At all elections of directors, each holder of stock possessing voting power shall be entitled to as many votes as shall equal the number of his shares of stock multiplied by the number of directors to be elected and he may cast all of such votes for a single, or may distribute them among the number to be voted for and/or any two or more of them as he sees fit.

#### **ARTICLE VI**

The governing Board of the corporation shall consist of three persons styled as director. The Board of Director, who also constitutes the incorporator, is:

<u>NAME</u>	ADDRESS
JIM G. LANDERS President	251 Highway 95A N., Yerington, Nevada 89447
STEPHEN D. LOONEY Director	251 Highway 95A N., Yerington, Nevada 89447
JOAN T. JOHNSON Secretary/Treasurer	251 Highway 95A N., Yerington, Nevada 89447

#### ARTICLE VII

The corporation shall have authority to issue stock pursuant to Section 1244 of the Internal Revenue Code.

#### **ARTICLE VIII**

The initial Code of Bylaws of the Corporation shall be adopted by its Board of Directors. The

5 1

INITIAL LIST OF OFFICERS, DIRECT WASTEWATER *OLIDS MANANGEMENT, INC.	ORS AND SIDENT AGENT OF FILE NUMBER May 1, 2000 11966-00
A Nevada (State of Incorporation)  (State of Incorporation)	FOR THE FILING PERIOD 5-1-00 TO 5-1-01
The Corporation's duly appointed Resident Agent in the State of Nevada upon whom process can be served is:  Joan T. Johnson 251 Highway 95A N. Yerington, NV 89447	FOR OFFICE USE ONLY FILED (DATE)
PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS For 1. Print or type names and addresses, either residence or business, for all officers and secretary, treasurer and at least one director must be named.  2. Have an officer sign the form. FORM WILL BE RETURNED IF UNSIGNED.  3. Return the completed form with the \$85.00 filing fee. A \$15.00 penalty must be add by the 1st day of the 2nd month following incorporation date.  4. Make your check payable to the Secretary of State. Your canceled check will constit business per NRS 78.155. If you need the below attachment file stamped, enclose a envelope. To receive a certified copy, enclose a copy of this completed form, an addingtions.	ted for failure to file this form  ted for failure to file this form  the a certificate to transact a seit-addressed stamped  AND SOCIETY OF State

LATE PENALTY: \$15.00

when

Title(s)

FILING FEE: \$85,00

X Signature of officer

THIS FORM MUST BE FILED BY THE 1st DAY OF THE 2nd MONTH FOLLOWING INCORPORATION DATE NAME **PRESIDENT** JIM G. LANDERS PO BOX STREET ADDRESS ZIP 89447 251 Highway 95A N. Yerington NV NAME SECRETARY JOAN T. JOHNSON PO 80X STREET ADDRESS 251 Highway 95A N. Yerington NV 89447 NAME TREASURER PO BOX STREET ADDRESS CITY ST ZIP **DIRECTOR** STEPHEN D. LOONEY STREET ADDRESS 51 251 Highway 95A N. Yerington NV 89447 DIRECTOR NAME PO BOX STREET ADDRESS CITY ZIP NAME DIRECTOR PO BOX STREET ADDRESS CITY 5/19/00 Date I hereby certify this mitial list. Gein D'Fandere

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#### ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:

Wastewater solids manangement, inc.

**FILE NUMBER** 

11966-2000

FOR THE PERIOD MAY 2001 TO 2002. DUE BY MAY 31, 2001. The Corporation's duty appointed resident agent in the State of Nevada upon whom process can be served is:

> RA# 107202

FOR OFFICE USE CRLY-FILED (DATE)

JOAN T JOHNSON

251 HIGHWAY 95A YERINGTON NV 89447

 $\square$  if the above diformation is incorrect, please check this box and a change of resident agent/address form will be sent.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

- 1. Include the names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer and all Directors must be named. There must be at least one director. Last year's information may have been preprinted. If you need to make changes, cross out the incorrect information and losent the new information above It. An officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
- 2. If there are additional directors, attach a list of them to this torm.
- 3. Return the completed form with the \$85.00 fiting lee. A \$15 penalty must be added for failure to file this form by the deadline. An annual list received more than 50 days before its thre date shall be deemed an amended list for the previous year.
- 4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business per NRS 78.155. If you need the below attachment life stamped emiclase a self-addressed stamped envelope. To seelive a certified copy, enclose a copy of this completed form, an additional \$10.00 and appropriate instructions.

  5. Return the completed form to: Secretary of State, 101 North Carson Street, Suite #3, Carson City, NV 89701-4788. (775) 684-9708.

FILING FEE: \$85,00 PENALTY: \$15.00

NAME:		717LE(S)	PRESIDENT	
JIM G. LANDERS	STREET ADDRESS		EIN	ST. ZIP
NAME	251 HIGHWAY 95A	N.	YERINGTON	NV 89447
			SECRETARY	
JOAN T. JOHNSON	STREET ADDRESS	<del></del> -	CITY	
	251 HIGHWAY 95A 1		YERINGTON	NV 89447
MANE		TITLE(S)	TREASURER	
P.O. BOX	STERET ADDRESS	<del> </del>	СІТУ	ST.   MP
NAME		TITLE(S)	DIRECTOR	
F.O. 80X	STREET ADDRESS		CITY	ST. ZIP
MANIE		TITLE(B)	DIRECTOR	
(P.O. BOX	STREET ADDRESS		erra	
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X Signature of Officer Jun A Junders

Dans 4/4/01

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### ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:

WASTEWATER SOLIDS MANANGEMENT, INC.

FILE NUMBER

FOR THE PERIOD MAY 2002 TO 2003. DI The Corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:	JE BY MA	31, 200	2. 11966-2000
	T1 % .!!		FOR OFFICE USE ONLY
	RA#	107202	FILED (DATE)
JOAN T JOHNSON			
251 HIGHWAY 95A			FII FD #
YERINGTON NV 89447			FILED#
			100 1 1 2002
			APR 1 1 2002
			IN THE OFFICE OF
			DEAN HELLER, SECRETARY OF STATE
IF THE ABOVE INFORMATION IS INCORRECT. FLEASE CHECK THIS BO RESIDENT AGENT/ADDRESS FORM WILL BE SENT			DEAN FELLEN, SEGMENT
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PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS	FORM,		
		sident, Secretary, 7	Togguerand all Dissertates were be asset to
be at least one director. Last year's information may have been preprinted. If you it. An officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.  2. If there are additional directors, attach a list of them.	I need to make cha	inges, cross out the i	incorrect information and insert the new information electric
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<ol> <li>Make your check payable to the Secretary of State. Your canceled check will co stamped, enclose a self-addressed stamped envelope. To receive a certified copy</li> <li>Return the completed form to: Secretary of State, 202 North Carson Street. Cars</li> </ol>	V. Bitciose a comucati V. Bitciose a comuc	to transact busines	s per NRS 78.155. If you need the below attachment file
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JIM G. LANDERS		TILOIDI	
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OAN T. JOHNSON	<u> </u>	SECRET	ARY
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Box	<u> </u>	PIRECTO	DR
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BOX STREET ADDRESS	<u>_</u>		
The state of the s		CITY	ST. ZIP

of perjury, that the above mentioned entity has complied with the provisions of chapter 384A of NRS. 03/29/07

# ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:

WASTEWATER SOLIDS MANANGEMENT, INC.

FILE NUMBER

FOR THE PERIOD MAY 2003 TO 2004. DUE BY MAY 31, 2003. The Corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

11966-2000

	RA#	107202
JOAN T JOHNSON		

FILED

· FOR OFFICE USE ONLY -

FILED (DATE)

APR 0 3 2003

Wife Course Of DENNI HELLER SECREMENT OF SERVICE

F THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

- I include the names and addresses, either residence or business, for oil officers and directors. A President, Secretary, Tressurer and all Directors must be named. There must be at least one director. Last year's information may have been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above
- 2 if there are administrations, attach a list of them to this form.

251 HIGHWAY 95A

YERINGTON NV 89447

- 3 Return the completed form with the S85 00 riling tee. A SSC penalty must be added for failure to tils this form by the deadline. An annual fall received more than 60 days before its
- Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business per NRS 78.155. If you need the below attachment rise stumped, enclose a self-addressed stamped envelope. To receive a certified copy, enclose a copy of this completed form, an additional \$20,00 and appropriate instructions.
- 5 Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NY 85701-4201

HANG	FILMG FEE: \$85.00 PENALTY: \$30.00
JIM G. LANDERS	PRESIDENT
251 HIGHW	AY 95A N. YERINGTON NV 89447
JOAN T. JOHNSON	SECRETARY
251 RIGHW	AY 95A N. YERINGTON NV 89447
F.O. BOX STREET ADDRESS	TREASURER
page .	CITY ST. ZIP
P.C. Box	DIRECTOR
STREET ADDRESS	EITY \$1. 21P
	DIRECTOR
P.U. BOX STREET ADDRESS	CÎTY ST. ZIP
Signature of Officer	e above mentioned entity has compiled with the provisions of chapter 384A of NRS.

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WASTEWATER SOLIDS MANANGEMENT, INC.

FILE NUMBER

11966-2000

FOR THE PERIOD MAY 2004 TO 2005. DUE BY MAY 31, 2004. State of Nev. ds upon whom process can be served to:

RA#

- Por office use only . 107202 FILED (DATE) FILING FRE: JOAN T JOHNSON \$125 FILED 251 HIGHWAY 95A YERINGTON NV 89447 MAY 1 3 2004 Dean Heller Secretary of State F THE ABI VE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHARGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT. PLEASE READ IN STRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM. include the narries and addresses, either residence or business, for all officers and directors. A President, Secretary, Tressurer, or equivalent of and all Directors must be

- There must be at least one director. Last year's information may have been preprinted. If you need to make changes, cross out the incorrect information and insert If there are add ional directors, attach a list of them to this form
- Refurn the completed form with the filing see shown above. A \$75 penalty must be added for failure to file this form by the deadline. An annual list received more than 80 days Make your chec | payable to the Secretary of State. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
- Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201. (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms

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Date 4/27/04

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Amended (Profit) Annual List of Officers, Directors and Re	BIDENT AGENT O	
WASTEWATER SOLIDS MANAGEMENT, INC.		CI1966-00
(Name of Corporation)		
R THE FILING PERIOD OF 02-2005 TO 05-2005		
	Filed in the	office of Document Number
comparation's cluby appointed resident agent in the State of Mevada upon whom process can be serve	i _	20050041955-21
Joan T. Johnson	Dean Helle	Filing Date and Time
251 Highway 95A N.	Secretary of	f State 02/10/2005 2:03 F
Prington, NV 89447	State of Ne	
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**DEAN HELLER** Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684 5708 Website: secretaryofstate.biz

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Filed in the office of Da Helle

Document Number 20050041957-43

Filing Date and Time

C11966-2000

Dean Heller Secretary of State State of Nevada

02/10/2005 2:03 PM Entity Number

important: Read attached instructions before completing form.

ARGINE SPACE IS FOR OFFICE USE THAT

#### Certificate of Resignation of Officer, Director, Manager, Member General Partner. Truetee or Subscriber

1. Then name and title(s) of person that desires to resign:

Stephen D. Looney	Director
(Name)	(Title(s))

2. The name and file number of the entity for which resignation is being made:

WASTEWATER SOLIDS MANAGEMENT, INC.	C11966-00
(Name of Entity)	(File Number)

Fee: \$75.00 per entity.

Signature:

		•

WASTEWATER SOLIDS MANANGEMENT, INC. FOR THE PERIOD MAY 2005 TO 2006. DUE BY MAY 31, 2005.



C11966-2000

The Corporation's duly appointed resident agent in the State of Nevada upon when process can be served is:

经总统金额 化二氯化物异亚

NOTE THE PROPERTY OF THE

JOAN T JOHNSON
251 HIGHWAY 95A
YERINGTON NV 89447

Dean Heller
Secretary of State
State of Nevada

Document Number
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Filing Date and Time
04/13/2005 1:30 PM
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C11966-2000

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F THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AS A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.	KG.	THE ABOVE SP/	NCE IS FOR O	FFICE USE ONLY
PLEASE READ INSTRUCTIONS REFORE COMPLETING AND RETURNING THIS FO  include the names and addresses, either residence or business, for all officers and di  named. There must be at least one director. Last year's information may have been  the new information above it. An officer must sign the form. FORM WILL BE RETUR.  If there are additional directors, attach is list of them to this form.  Return the completed form with the filing tee shown above. A \$75 penalty must be ac  before its due date shall be deerred an arounded list for the previous year.  Make your check physicis to the Secretary of State. To receive a certified copy, end.  Return the completed form it Secretary of State. (22 N. Carson St., Carson City. )  Form must be in the possession of the Secretary of State on or before the last day of  received after due date will be returned for additional fees and penalties.  Filling FEE - AS \$1000.	rectors. A President, Secretary, preprinted. If you need to make MNED IF UNEIGNED.  Ided for failure to the this form by tooker an existional \$30.00 and apply NV 89701-4201. (775) 684-5708 the month in which II is due. (Potential presidents)	he deutitine. An annua propriete instructions. Itmark date is not accep	t list received mo	ne than 90 days
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This corporation is a publicly-traded corporation. If so, Cent This publicly-traded corporation is not required to have a Ce				<del></del>
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JIM G. LANDERS				219
251 HIGHWAY 95A N.	Y	ERINGTON	NV	89447
Vicky Prince	SECRETA	Y (OR EQUIV	ALENT OF	)
SOAN T JOHNSON P.O. IN 251 HIGHWAY 95A N.		YACKAT ERINGTON	S DR	21197498 89447
JOAN T. Johnson	TREASUR	ER (OR EQUIT	VALENT OF	}
F.O. DOT 251 HULY 95AN ASSESS	[61	Yeringto	d Thy	211 89 447
BANK .	DIRECTOR	}		
P.G. 10X	F1	TV	ST.	216
I declars, to the best of my knowledge under penalty of purjury, that the above markle	med entity has complied with the	e provinces of NHS 3	:80.780 end ecks of State.	nawiedge that
PUTBLISH TO HOTE 239.550, it is a category C felorly to ignorably offer any false or forg		. 4/9/	05	51058AS 48W 11/31

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WASTEWATER SOLIDS MANANGEMENT, INC. FOR THE PERIOD MAY 2006 TO 2007. DUE BY MAY 31, 2006.

The Corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:



C11966-2000

JOAN T JOHNSON 251 HIGHWAY 95A YERINGTON NV 89447 Filed in the office of

Dean Heller Secretary of State State of Nevada Document Number 20060256697-63

Filing Date and Time

04/21/2006 10:50 AM

Entity Number

C11966-2000

FiLING FEE:	\$125

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

- Include the names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. Last year's information may have been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. An officer must sign the form. FOHM WILL BE RETURNED IF UNSIGNED.
- 2. If there are additional directors, attach a list of them to this form.
- Return the completed form with the filling tee shown above. A \$75 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days
  before its due date shall be deemed an amended list for the provious year.
- 4. Make your check payable to the Secretary of State. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
- Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201. (775) 684-5708.
- 6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILIN	g fee - as shown above Penalty: \$75.00
Check all that apply:	
This corporation is a publicly-traded corporati	on. If so, Central Index Key number is:
] party	
This publicly-traded corporation is not require	d to have a Central Index Key number.
NAME	DDECIDENT
	PRESIDENT (OR EQUIVALENT OF)
JIM G LANDERS	
8 LP	CITY ST. ZIP
251 HIGHWAY 95A N	YERINGTON NV 89447
INAME	SECRETARY (OR EQUIVALENT OF)
	SECRETARY (OR EQUIVALENT OF)
VICKY PRINCE	
100	CITY SI. ZIP
251 HICHWAY 95A N	YERINGTON NV 89447
	TREASURER (OR EQUIVALENT OF)
JOAN T JOHNSON	TITLAGOTILIT (OR EQUIVALENT OF)
P.O. BOX ADDRESS	[CITY   ST.   [ZTP
251 HIGHWAY 95A N	
NAME	YERTINGTON NV 89447
	DIRECTOR
	DITEOTOT
P.O. BOX ADDRESS	CITY ST.   RIP
[ <del>                                     </del>	

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has compiled with the provisions of NRS 360,780 and acknowledge that pursuant to NRS 239,330, it is a category C felony to knowingly, offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Officer June & Lunders Pres

Date 4 20/06

01CSSA5 Rev 01/051



**DEAN HELLER** Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684 5708 Website: secretaryofstate.blz

Certificate of Change of Resident Agent and/or Location of Registered Office

Filed in the office of Document Number 20060315647-24 Don Helle-Filing Date and Time Dean Heller 05/17/2006 8:48 AM Secretary of State Entity Number State of Nevada C11966-2000

General instructions for this form:

Please print legibly or type; Black Ink Only.

Complete all fields.

3. The Physical Nevada address of the resident agent must be set forth; PMB's are not acceptable.

Ensure that document is signed in signature fields.
 Include the filing fee of \$60.00.

File Number The change below is effective upon the filing of this document with the Secretary of State. C11966-2000

ABOVE SPACE IS FOR OFFICE USE ONLY

Reason for change: (check one) Change of Resident Agent Change of Location of Registered Office

The former resident agent and/or location of the registered office was:

Resident Agent: JOAN T JOHOSON

Street No.: 251 Highway 95A City, State, Zip: Yelkinotton NV89447

The resident agent and/or location of the registered office is changed to:

Resident Agent: CARONN D. LAIR

Street No.: 40 Amanet way ,.

City, State, Zip: Verington NV89447

Optional Mailing Address: P.O Bat 826 Yellungton NV 89447

NOTE:

For an entity to file this certificate, the signature of one officer is required.

Signature/Title

Certificate of Acceptance of Appointment by Resident Agent

I hereby accept the appointment as Resident Agent for the above-named business entity.

Authorized Signature of R.A. or On Behalf of R.A. Company

may 15,2006

This form must be accompanied by appropriate fees.

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wastewater solids manangement, inc. FOR THE PERIOD MAY 2007 TO 2008. DUE BY MAY 31, 2007.

The Corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:



CAROLYN D LATE LANGERS PO BOX 826 YERINGTON NV 89447

Filed in the office of Document Number 20070180850-41 · La Me Filing Date and Time Ross Miller 03/13/2007 7:31 AM Secretary of State Entity Number State of Nevada C11966-2000

\*\* PLEASE NOTE: YOU MAY NOW FILE YOUR ANNUAL LIST ONLINE AT WWW.SECRETARYOFSTATE.BIZ \*\*

**FILING FEE:** 

\$125

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

- 1. Include the names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. Last year's information may have been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. An officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
- 2. If there are additional directors, attach a list of them to this form.

Welly Q Landers

- 3. Return the completed form with the filling fee shown above. A \$75 penalty must be added for failure to tile this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- 4. Make your check payable to the Secretary of State. To receive a certified copy, enclose an additional \$30,00 and appropriate instructions.
- Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201. (775) 684-5709.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accounted as receipt date ). For

received after due date will be returned f	or additional fees and penalties.				
· · ·	FILING FEE - AS SHOWN	ABOVE PENALTY:	\$75,00		
Check all that apply:			<del> </del>		
<del>  </del>	y-traded corporation. If so, Centra	el index Key numb	er ic•		
l <del></del>			<del></del>		<del></del>
	tion is not required to have a Cen	tral index Key num	iber.		
NAME		DDEOIDE	- N 1	-	i
		PRESIDE	ENT (OR EQUIVALE)	VT OF)	
JIM G LANDERS					
P.e. 80X	ADDRESS		EIIA	ST.	219
PO BOX 826			YERINGTON	NV	89447
NAME		CECPET	ARY (OR EQUIVALE		
		SEUNET	Ant (or equivale	NT OF	)
VICKY PRINCE	AUDRESS				
	PRINCES		CITY	<b>37.</b>	ZIP
PO BOX 826		Marin Man	YERINGTON	NV	89447
Carolyn D.	anders	TREASU	RER (OR EQUIVALE		<u>,</u> [
JOAN T JOHNSON	ATMACE	TILLAGO	I ILLI I ON EGDIANCE	ENIOF	')
P.a. 80x P.O. BOX 826	ADDRESS		CITY YERINGTON	ST	219 64447
251 HIGHWAY 95A N			VERTINATION	- VV	89447 ·
NAME		TITLE(6)		244	<b>0</b> 2727
		DIRECTO	DR .		
				<del></del>	
P.O. 180X	ADDRESS		CITY	87.	ZIP
				<del></del>	<u> </u>

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has compiled with the provisions of NRS 360.760 and acknowledge that pursuant to NRS 239,330, it is a category C felony to knowingly offer any false or forged instrument for filling in the Offics of the Secretary of State.

X Signature of Officer



ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701- 4201 (775) 684-5708 Website: secretaryofstate.biz

Certificate of Change of Resident Agent and/or Location of Registered Office

Filed in the office of

Document Number 20070217450-98

Ross Miller Secretary of State

State of Nevada

Filing Date and Time

03/27/2007 8:11 AM

Entity Number

C11966-2000

General instructions for this form:

- Please print legibly or type; Black Ink Only.
- Complete all fields.
- The Physical Nevada address of the resident agent must be set forth; PMB's are not acceptable.

Ensure that document is signed in signature fields. 5. Include the filing fee of \$60.00.

ABOVE SPACE IS FOR OFFICE USE ONLY

The change below is effective upon the filing of this document with the Secretary of State.

Reason for change: (check one)

Change of Resident Agent

Change of Location of Registered Office

The former resident agent and/or location of the registered office was:

Resident Agent:

Street Number: City, State, Zip:

The resident agent and/or location of the registered office is changed to:

Resident Agent:

Street Number: City, State, Zip:

Optional Mailing Address:

NOTE:

For an entity to file this certificate, the signature of one officer is required.

Certificate of Acceptance of Appointment by Resident Agent

I hereby accept the appointment as Resident Agent for the above-named business entity.

Authorized Signature of R.A. or On Behalf of R.A. Company

This form must be accompanied by appropriate fees.

Nevada Secretary of State R.A. Change 2003 Revised on 10/17/05

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WASTEWATER SOLIDS MANANGEMENT, INC. FOR THE PERIOD MAY 2008 TO 2009. DUE BY MAY 31, 2008.

The Corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:



C11966-2000

CAROLYN D LANDERS PO BOX 826 YERINGTON NV 89447 Filed in the office of 20080235130-24

Ross Miller Secretary of State State of Nevada

Document Number 20080235130-24

Filing Date and Time 04/01/2008 9:48 AM

Entity Number C11966-2000

ETEWOF MOTE	: IOO WAX NOW RITE )	COUR ANNUAL		
LIST ONLINE AT	WWW.SECRETARYOFSTAT	E.BIZ **	FILMS FEE:	\$125
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named. There must be at les	estone director. Lest year's information may	there been preprieted. If you se	, coording, francist, or equivalent and to make changes, cross sed the i	nt of Allia til Defectors (1555 50 Stromet information and insert
The new information above il	An officer must sign the form, FORM WILL	BE RETURNED IF UNSVINED		
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<ol> <li>rvenan une companie rorm yn bafora its che data shall ha ri</li> </ol>	ith the tiling fee shown above. A \$75 pensity serned an amended list for the provious year.	must be edded for failure to file t	ils form by the deadline. An ennual i	bit received more than 90 days
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<ol> <li>Hearth the completed form to</li> </ol>	: Secretary of State, 202 N. Carson St., Car	son City, NV 89701-4201, 1775	5 684-5708.	
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	and the transfer of the same o			
	publicly-traded corporation. If a	-		
This publicly-traded	corporation is not required to ha	vo a Central Index Key i	number.	
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O BOX 826			YERINGTON	-i  i
		TITLE(S)	IEKTMGTOM	NV 89447
		DIREC	TOR	
. 645X	ASCREAN		BITY	PT-   PTF
ers, to the best of my knowled;	ge under penalty of perjury, that the above	mentioned entity has compile	d with the provisions of KRS 260,7	90 and acknowledge that
PRINT TO PURS 239.330, It is a cuta	floux c serous to innowingly offer sub (size	or forged instrument for filing	in the Office of the Secretary of Si	ate,
Mar Var I	Lander In		. 1	
1 JUNE 10	Lunder du	asurer	3/21/10	
MARKING OF CHEFFER			3/3//08	CICESAS
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Filed in the office of Country 20090331694-97 Filed in the office of Country 2009031694-97 Filed in the office office of Country 2009031694-97 Filed in the office office of Country 2009031694-97 Filed in the office of	e entity's duly appointed registered agent in the State of Nevada upon whom proces	ss can be served is:	
NORM TO CHANGE REGISTERED AGENT UNFORMATION CAN BE FOUND ON OUR WEBSITE  WARM-INSOR GOV  Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)  Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)  Prior UMAY NOW FILE YOUR ANNUAL LIST ONLINE AT www.nvsos.gov**  MEORITARIT: Read instructions before completing and returning this form.  Prior type amount of filenam, state in a list of these to this demand. There returns the at teast one direct. An officer must spin form. Prior type remained inflienam, state in a list of these to this demand. There returns the active one direct. An officer must spin form. Prior type remained inflienam, state in a list of these to this lost one is not before to humanos. For all officers and directors, A President. Secretary, Treasurer, or equivalent of and all Directors must be named. There or must be a state one direct. An officer must spin form. Policy will be sent to the state of the spin file and the state of the to this be the state of them. FORM WILL SER RETURNED IF UNSIGNED.  If there are deficited inflienam, state in a list of these to this lost of the for his be the file.  In the complete bern with the filing file. For is based upon the current tost authorized stack as equilibrate. Secretary, Treasurer, or equivalent of an additional thems to defice the fall be deterred in amended file for the complete bern with the file to selde for humanos. The determinance of the selder of the state of the selder of the state of the selder of the state of the selder of the s		<u> </u>	Document Number 20090331694-97
FORM TO CHANGE REGISTERED AGENT INFORMATION CAN BE FOUND ON OUR WEBBITE  WWW.mysos.gov  ABOVE SPACE IS FOR OFFICE USE ONLY  ABOVE SPACE IS FOR OFFICE USE ONLY  WOU MAY NOW FILE YOUR ANNUAL LIST ONLINE AT www.mysos.gov**  #PORTANT. Read instructions before completing and neturning this form.  Print or type names are additional service of the print of the form of the print of the p			, <del></del>
FORM TO CHANGE REGISTERED AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE  USE BLACK INK ONLY - DO NOT HIGHLIGHT  Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)  YOU MAY NOW FILE YOUR ANNUAL LIST ONLINE AT www.nvbsos.gov**  ##################################			Entity Number
USE BLACK INK ONLY - DO NOT HIGHLIGHT  Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)  YOU MAY NOW FILE YOUR ANNUAL LIST O'NLINE AT www.nvecs.g.gov**  (POTIANT, Read instructions before completing and instructions file form.)  Print or you remea and addresses, either enteresses, other contents are instructions for file. (Potians and dioctors. A President, Secretary, Treasurer, or equivalent of and all Directors must be memorif. Thore must be all total than the file form.  Print or you remea and addresses, either enteresses, after the completion of the form, and the file file form in the form.  Return the complete bar with the filing file. File is bare used upon the current that sundorted stock as explained in the Annual List Fee Schedule For Profit Corporations. A 575.00 parently must be nedded for failure to file this form by the deadline. An entural ist received more than 90 days before the due date shall be deemed on amended file for tryoricus; year.  Makes your check payeds to the Secretary of State. Your centeded check will constitute a certification to transect business.  Certainty Cooperation in the Secretary of State. Your centeded check will constitute a certification to transect business.  Certainty Cooperation in the secretary of State. Your centeded check will constitute a certification to transect business.  Certainty the complete form was developed of the seal additional copy generated when ordering 2 or more the tamped or ocertified copy, enclose an additional 50,000 per certification accompany your order.  Profit in the postsection of the Secretary of State on or before the instructions must be in the postsection of the Secretary of State. For many and the postsection of the Secretary of State.  CHECK ONLY IF APPLICABLE  This corporation is a publicly traded corporation. The Central Index Key number.  TITLE(S)  PRESIDENT (OR EQUIVALENT OF)  STATE ZIP CODE  TITLE(S)  DIRECTOR  TITLE(S)  DIRECTOR  TITLE(S)  DIREC			C11966-2000
POUL MAY NOW FILE YOUR ANNUAL LIST ONLINE AT www.nveos.gov*  #PORTANT: Road instructions before completing and returning this form.  Port or type nemes and editioses, abiltor residence to business, for all offices and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at the first in the business. An Officer must step the form. FORM WILL BE RETURNED IF LINSIGNED.  If them are additional officers, additional is but of them to the follows and directors directs as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for fullular to file the form by the deadline. An enrual list revolved more than 90 days before the due date shall be deemed an amended but for the provious year.  Nakes pour check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.  Ordering Cobbes: If requested above, one its stamped copy will be returned at no additional charge. To necesse a certificate dops, enclose an additional \$30,00 per certificate on the provious year.  Nakes pour check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.  Ordering Cobbes: If requested above, one its stamped copy will be returned at no additional charge. To necesse a certificate dops. Appropriate transactions must.  Provious Secretary of State. 200 North Carmon Street, Camon City, Newside 8701-4201, (775) 684-5708.  Form must be in the possession of the Secretary of State, 202 North Carmon Street, Camon City, Newside 8701-4201, (775) 684-5708.  Provious Secretary of Secretary of State, 202 North Carmon Street, Camon City, Newside 8701-4201, (775) 684-5708.  Provious Secretary of Secr		ABOVE SPACE IS FOR	OFFICE USE ONLY
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Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transect business.  Ordering CoDesis: If requested showe, one file stamped copy will be returned at no additional change. To receive a contribed copy, encices an additional \$30.00 per certificative A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file etamped or certificative accompany your order.  Return the completed form to: Secretary of State, 202 North Cernon Street, Cernon City, Newsda 69701-4201, (775) 684-6708.  Return the completed form to: Secretary of State, 202 North Cernon Street, Cernon City, Newsda 69701-4201, (775) 684-6708.  Return the completed form to: Secretary of State, and Potential Program and the possession of the Secretary of State on or before the last day of the morth in which it is due. (Postmark data is not accepted as receipt data.) Forms received after due date will be returned for additional fees and penalties.  CHECK ONLY IF APPLICABLE  This corporation is a publicly traded corporation. The Central Index Key number is:  This publicly traded corporation is not required to have a Central Index Key number.  VAME  TITLE(S)  PRESIDENT (OR EQUIVALENT OF)  SECRETARY (OR EQUIVALENT OF)  CITY  STATE ZIP CODE  YELLACION  NAME  TITLE(S)  TREASURER (OR EQUIVALENT OF)  TREASURER (OR EQUIVALENT OF)  TITLE(S)  TREASURER (OR EQUIVALENT OF)  TITLE(S)  TREASURER (OR EQUIVALENT OF)  TITLE(S)  DIRECTOR  ADDRESS  CITY  STATE ZIP CODE  YELLACION  DIRECTOR  ADDRESS  CITY  STATE ZIP CODE  TITLE(S)  DIRECTOR  TITLE(S)  DIRECTOR  TITLE(S)  DIRECTOR  TITLE(S)  TO BUSY STATE ZIP CODE  YELLACION  TO NOTE STATE ZIP CODE  TO BUSY STATE ZIP CODE  TO STATE ZIP CODE  TO STATE ZIP CODE	Print or type names and addresses, either residence or business, for all officers an named. There must be at least one director. An Officer must sign the form. FOR If there are additional officers, attach a list of them to this form.  Return the complete form with the filing fee. Fee is based upon the current total at \$75.00 penalty must be added for failure to file this form by the deadline. An annual	d directors. A President, Secretary, Treasurer, or equivale M WILL BE RETURNED IF UNSIGNED. Thortzed stock as exciained in the Atmual List Fee Schedu	le For Profit Corporations. A
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This corporation is a publicly traded corporation. The Central Index Key number is:  This publicly traded corporation is not required to have a Central Index Key number.  TITLE(S)  PRESIDENT (OR EQUIVALENT OF)  CITY STATE ZIP CODE  PO Box 826  NV STATE ZIP CODE  PO Box 826  CITY STATE ZIP CODE  PO Box 826  PO Box 826  TITLE(S)  SECRETARY (OR EQUIVALENT OF)  CITY STATE ZIP CODE  PO Box 826  TITLE(S)  TREASURER (OR EQUIVALENT OF)  ADDRESS  CITY STATE ZIP CODE  PO Box 826  TITLE(S)  TREASURER (OR EQUIVALENT OF)  ADDRESS  CITY STATE ZIP CODE  PO Box 826  TITLE(S)  DIRECTOR  CITY STATE ZIP CODE  PO Box 826  TITLE(S)  DIRECTOR  CITY STATE ZIP CODE  OBJECTOR  CITY STATE ZIP CODE  DIRECTOR  CITY STATE ZIP CODE  C	· · · · · · · · · · · · · · · · · · ·		
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PRESIDENT (OR EQUIVALENT OF)  ADDRESS  PO Box 826  NAME  TITLE(S)  PO Box 826  PO Box 826  NAME  TITLE(S)  PO Box 826  NAME  TITLE(S)  TREASURER (OR EQUIVALENT OF)  ADDRESS  CAPOLYN D. LA NAME  TITLE(S)  TREASURER (OR EQUIVALENT OF)  ADDRESS  CITY  STATE ZIP CODE  TREASURER (OR EQUIVALENT OF)  ADDRESS  CITY  STATE ZIP CODE  PO Box 826  TITLE(S)  TREASURER (OR EQUIVALENT OF)  DIRECTOR  ADDRESS  CITY  STATE ZIP CODE  TITLE(S)  DIRECTOR  ADDRESS  CITY  STATE ZIP CODE  TITLE(S)  DIRECTOR  ADDRESS  CITY  STATE ZIP CODE  TITLE(S)  DIRECTOR  ADDRESS  CITY  STATE ZIP CODE  ADDRESS  CITY  STATE ZIP CODE  ADDRESS  ADDRESS  CITY  STATE ZIP CODE  ADDRESS  CITY  STATE ZIP CODE  ADDRESS  CITY  STATE ZIP CODE  ADDRESS  ADDRESS  CITY  STATE ZIP CODE  DIRECTOR  CITY  STATE ZIP CODE			
PO Box 826  VECUPTON  INV 89447  SECRETARY (OR EQUIVALENT OF) SECRETARY (OR EQUIVALENT OF) STATE ZIP CODE  PO Box 826  VECUPTON  STATE ZIP CODE  THE(S) TREASURER (OR EQUIVALENT OF) STATE ZIP CODE  PO Box 826  VECUPTON  NV 89447  TITLE(S) DIRECTOR  STATE ZIP CODE  TITLE(S) DIRECTOR  STATE ZIP CODE  SOURCESS  CITY STATE ZIP CODE	This publicity traded corporation is not required to have a Central inc	dex Key number.	
TITLE(S) SECRETARY (OR EQUIVALENT OF) STATE ZIP CODE PO BOX 8210  VERNATION  TITLE(S) TREASURER (OR EQUIVALENT OF) TREASURER (OR EQUIVALENT OF) STATE ZIP CODE OF BOX 8210  VERNATION  TITLE(S) TREASURER (OR EQUIVALENT OF) STATE ZIP CODE VERNATION  TITLE(S) DIRECTOR  STATE ZIP CODE  TITLE(S) DIRECTOR  STATE ZIP CODE  STATE ZIP CODE  STATE ZIP CODE  TITLE(S) DIRECTOR  STATE ZIP CODE	This publicity traded corporation is not required to have a Central Inc	dex Key number. TITLE(S)	OF)
SECRETARY (OR EQUIVALENT OF)  ADDRESS  CITY  STATE  ZIP CODE  YELLACION  NV  STATE  ZIP CODE  TREASURER (OR EQUIVALENT OF)  ADDRESS  CITY  STATE  ZIP CODE  YELLACION  NV  STATE  ZIP CODE  YELLACION  TREASURER (OR EQUIVALENT OF)  STATE  ZIP CODE  YELLACION  NV  STATE  ZIP CODE  TITLE(S)  DIRECTOR  CITY  STATE  ZIP CODE  CITY  STATE  ZIP CODE  ADDRESS  CITY  STATE  ZIP CODE  CITY  STATE  ZIP CODE  ADDRESS  CITY  STATE  ZIP CODE  C	This publicly traded corporation is not required to have a Central income.  Tim C. LANCES  ADDRESS	tex Key number.  TITLE(S)  PRESIDENT (OR EQUIVALENT (	
ADDRESS  CITY  STATE ZIP CODE  YEARSTON  NAME  TITLE(S)  TREASURER (OR EQUIVALENT OF)  ADDRESS  CITY  STATE ZIP CODE  YELASTON  NAME  TITLE(S)  DIRECTOR  ADDRESS  CITY  STATE ZIP CODE  YELASTON  DIRECTOR  CITY  STATE ZIP CODE  TITLE(S)  DIRECTOR  ADDRESS  CITY  STATE ZIP CODE  TITLE(S)  DIRECTOR  CITY  STATE ZIP CODE  declare, to the best of my knowledge under perfetty of perjury, that the above mentioned entity has complied with the provisions of NRS 380.780 and acknowledge had purewant to NRS 239.330ght is a category of blony to longwingly offer any false or forged instrument for filling in the Office of the Secretary of State.	This publicly traded corporation is not required to have a Central Inc.  VAME  TIM C. LANGERS	tex Key number.  TITLE(S)  PRESIDENT (OR EQUIVALENT (OTTY)	•
TITLE(S) TREASURER (OR EQUIVALENT OF) ADDRESS CITY STATE ZIP CODE  VELICION  NAME  TITLE(S) DIRECTOR  ADDRESS  CITY STATE ZIP CODE  CITY STATE ZIP CODE  ADDRESS  CITY STATE ZIP CODE  declare, to the best of my knowledge under perfetly of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge and pursuant to NRS 239.330 at a category of blory to impringly offer any false or forged instrument for filling in the Office of the Secretary of State.	This publicly traded corporation is not required to have a Central Inc.  VAME  Tim C. LAWCEIS  ADDRESS  PO Box 826  NAME	PRESIDENT (OR EQUIVALENT OF STATE OF ST	ATE ZIP CODE  VV 89447
TREASURER (or Equivalent of)  ADDRESS  CITY  STATE  ZIP CODE  YELANGON  NAME  TITLE(S)  DIRECTOR  CITY  STATE  ZIP CODE  ADDRESS  CITY  STATE  ZIP CODE  DIRECTOR  CITY  STATE  ZIP CODE  declare, to the best of my knowledge under perfetty of perjury, that the above mentioned entity has compiled with the provisions of NRS 360.780 and acknowledge and pursuant to NRS 239,330ght is a category of bloory to knowledge yellow the provisions of State.	This publicity traded corporation is not required to have a Central Inc.  NAME  Tim C. LANCERS  ADDRESS  PO Box 826  NAME  VICKY PRINCE  ADDRESS	TITLE(S) PRESIDENT (OR EQUIVALENT (OR EQUIVALENT (OR EQUIVALENT (OR EQUIVALENT (OR EQUIVALENT CITY ST	OF)  ATE ZIP CODE
NAME  TITLE(S)  DIRECTOR  CITY  STATE ZIP CODE  declare, to the best of my knowledge under perfetly of perjury, that the above mentioned entity has compiled with the provisions of NRS 380.780 and acknowledge as pursuant to NRS 239.330 at a category of sliony to knowledge or forged instrument for filling in the Office of the Secretary of State.	This publicity traded corporation is not required to have a Central Inc.  VAME  Tom Co. LAnders  ADDRESS  PO Box 826  NAME  VICKY PRINCE  ADDRESS	TITLE(S) PRESIDENT (OR EQUIVALENT OF STATE OF ST	OF)
NAME  TITLE(S)  DIRECTOR  ADDRESS  CITY  STATE ZIP CODE  declare, to the best of my knowledge under perfitty of perjury, that the above mentioned entity has compiled with the provisions of NRS 380.780 and acknowledge has pursuant to NRS 239,330 at the a category of allowy to improvingly offer any false or forged instrument for filling in the Office of the Secretary of State.	This publicly traded corporation is not required to have a Central Inc.  VAME  Tim C. Landers  ADDRESS  PO Box 826  NAME  VICKY PRINCE  ADDRESS  PO Box 826  NAME  CAROLYN D. Landers	TITLE(S) PRESIDENT (OR EQUIVALENT (O	OF)  ATE ZIP CODE  ATE ZIP CODE  SP447  OF)
ADDRESS  CITY  STATE ZIP CODE  declare, to the best of my knowledge under perfetly of perjury, that the above mentioned entity has compiled with the provisions of NRS 380.780 and acknowledge hat pursuant to NRS 239,330 fit is a category of story to knowledge of the Secretary of State.	This publicly traded corporation is not required to have a Central Inc.  VAME  Tim C. Landers  ADDRESS  PO Box 826  NAME  VICKY PRINCE  ADDRESS  PO Box 826  NAME  CAROLYN D. Landers  ADDRESS	TITLE(S) PRESIDENT (OR EQUIVALENT (O	OF)  ATE ZIP CODE  V SQ 447  ATE ZIP CODE  OF)  ATE ZIP CODE
ADDRESS  CITY STATE ZIP CODE  declare, to the best of my knowledge under perfetly of perjury, that the above mentioned entity has compiled with the provisions of NRS 380.780 and acknowledge has pursuant to NRS 239.330 it is a category of plany to improvingly offer any false or forged instrument for filling in the Office of the Secretary of State.	This publicly traded corporation is not required to have a Central Inc.  VAME  Tim C. Landers  ADDRESS  PO Box 826  NAME  VICKY PRINCE  ADDRESS  PO Box 826  NAME  CAROLYN D. Landers  PO Box 826  ADDRESS  PO Box 826	TITLE(S) PRESIDENT (OR EQUIVALENT OF EQUIVAL	OF)  OF)  OF)  OF)  OF)  OF)  OF)  OF)
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hat pursuant to NRS 239.330gh & a category of Stlony to imperingly offer any false or forged instrument for filling in the Office of the Secretary of State.	This publicly traded corporation is not required to have a Central Inc.  VAME  Tim C. Landers  ADDRESS  PO Box 826  NAME  VICKY PRUDCE  ADDRESS  PO Box 826  NAME  CAROLYN D. Landers  ADDRESS  PO Box 826  NAME  NAME	TITLE(S) PRESIDENT (OR EQUIVALENT OF EQUIVAL	OF)  OF)  OF)  OF)  OF)  OF)  OF)  OF)
7 Table Date	This publicly traded corporation is not required to have a Central Inc.  VAME  Tim C. Landers  ADDRESS  PO Box 826  NAME  VICKY PRUDCE  ADDRESS  PO Box 826  NAME  CAROLYN D. Landers  ADDRESS  PO Box 826  NAME  NAME	TITLE(S) PRESIDENT (OR EQUIVALENT OF EQUIVAL	OF)  OF)  OF)  OF)  OF)  OF)  OF)  OF)
X Ym X amous President	This publicly traded corporation is not required to have a Central Inc.  VAME  Tim C. Landers  ADDRESS  PO Box 826  NAME  VICKY PRINCE  ADDRESS  PO Box 826  NAME  CAROLYN D. Landers  PO Box 826  NAME  CAROLYN D. Landers  ADDRESS  PO Box 826  NAME  ADDRESS  PO Box 826  NAME  ADDRESS  ADDRESS  ADDRESS	TITLE(S) PRESIDENT (OR EQUIVALENT OF STATE OF SECRETARY (OR EQUIVALENT OF STATE OF S	ATE ZIP CODE  OF)  OF)  OF)  ATE ZIP CODE  OF)  ATE ZIP CODE  OF)  ATE ZIP CODE  ATE ZIP CODE  ATE ZIP CODE
	This publicly traded corporation is not required to have a Central Inc.  VAME  Tim C. Lawlers  ADDRESS  PO Box 826  NAME  VICKY PRINCE  ADDRESS  PO Box 826  NAME  CAROLYN D. Lawders  ADDRESS  PO Box 826  NAME  CAROLYN D. Lawders  ADDRESS   TITLE(S) PRESIDENT (OR EQUIVALENT OF STATE OF SECRETARY (OR EQUIVALENT OF STATE OF S	ATE ZIP CODE  OF)  OF)  OF)  OF)  ATE ZIP CODE  OF)  ATE ZIP CODE  ATE ZIP CODE  ATE ZIP CODE  ORS 360.780 and acknowledge decretary of State.	

`(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT OF

Waster Woder 501 ds manage ment INC

FILE NUMBER

@11966 - 2000

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS STATE BUSINESS LICENSE APPLICATION OF:	AND REGIST	ERED AGENT	AND	FILE NUMBER
Wastewater Solids MANagemen	of COIN	ار ا		C-11966-2000
FOR THE FILING PERIOD OF 65 //0 TO 05/	//			1 10101*
The entity's duly appointed registered agent in the State of Nevada upon whom process of		Filed in the offic		ument Number
* * * * * * * * * * * * * * * * * * * *		· da Me	20	100555102-11
!		Ross Miller Secretary of State	07	g Date and Time /21/2010 8:59 AM ty Number
i i		State of Nevada		1966-2000
A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: WWW.	riveos.gov			
USE BLACK INK ONLY - DO NOT HIGHLIGHT  Return one file stamped copy. (If filing not accompanied by order inst  IMPORTANT: Read instructions before completing and returning this form.  1. Print or type names and addresses, either residence or business, for all officers and director. An Officer must sign the form. FORM W.  2. If there are additional officers, attach a list of them to this form.	rectors. A President, S VLL BE RETURNED IF	ed copy will be sent to ecretary, Treasurer, or a CUNSIGNED.	registered equivalent of a	and all Directors must be
<ol> <li>Return the complete form with the filing fee. Annual list fee is based upon the current:         A \$75.00 penalty must be added for failure to file this form by the deadline. An annual if the previous year.</li> <li>State business license fee-is \$200.00. Effective 2/1/2010, \$100.00 must be added for f.</li> <li>Make your check payable to the Scoretary of State.</li> <li>Ordering Copies; if requested above, one file stamped copy will be returned at no add.         A copy fee of \$2.00 per page is required for each additional copy generated when or accompany your order.</li> </ol>	aliure to file form by de ditional charge. To rec rdering 2 or more file st	au days before its due o adline. eive a certified copy, end amped or certified copte	izie shall de (	deemed en emended list for
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson Cit. 8. Form must be in the possession of the Secretary of State on or before the last day of the received after due date will be returned for additional face and penalties. Fullure to inci.			ot accepted a sult in rejecti	is receipt date.) Forms ion of filing.
CHECK ONLY IF APPLICABLE  Pursuant to NRS, this entity is exempt from the business license fee.  Month and year your State Business License expires:  This corporation is a publicly traded corporation. The Central Index Key  This publicly traded corporation is not required to have a Central Index in the corporation.		0 0 0 0	01 - Govern 02 - 501(c) 03 - Home- 05 - Motion	Exemption Codes Imental Entity Nonprofit Entity based Business Picture Company 808.020 Insurance Co.
Jim G. LANders	TITLE(S) PRESIC	DENT (OR EQUIVAL	ENT OF)	
PU Box 826	Ye RING	DN CAC	STATE	ZIP CODE 89447
NAME VICKY PRINCE ADDRESS	TITLE(S) SECRE	TARY (OR EQUIVA	LENT OF)	
90 Box 826	Yering	מעל	NV	89447
CAROLYN D. LANders		URER (OR EQUIVA	LENT OF)	
PO Box 826	YERIN	Crete	STATE	F9447
NAME	τπίε(s) DIRECT	OR		
ADDRESS	CITY	- ·	STATE	ZIP CODE
declare, to the best of my knowledge under penalty of perjury, that the above mentions 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 2 instrument for filling in the Office of the Secretary of State.	vo.sou, se sa a categor Title	y C recony to knowingly	s of sections y offer any fi	s 8 to 18 of AB 148 of dise or forged
Signature of Officer	TREAS		da Secretary	of State Africal List Profit Revised: 11-9-09

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#### (PSOFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF: FILE NUMBER C11966-2000 e Where Solids Maurgement NAME OF CORPORATION 05-01-2011 05-31-2012 FOR THE FILING PERIOD OF \*\*YOU MAY FILE THIS FORM ONLINE AT www.nysos.gov\*\* The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is: Document Number Filed in the office of Carolyn D. Landers 20110266748-07 PO Box 826 · do Ma Filing Date and Time Yerington, NV 89447 Ross Miller 04/08/2011 8:59 AM Secretary of State Entity Number State of Nevada C11966-2000 A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: WWW.fivsos.gov USE BLACK INK ONLY - DO NOT HIGHLIGHT ABOVE SPACE IS FOR OFFICE USE ONLY Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.) IMPORTANT: Read instructions before completing and returning this form. 1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED. 2. If there are additional officers, attach a list of them to this form. 3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deamed an amended list for the previous year. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline. Make your check payable to the Secretary of State. 8. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must 7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (776) 684-5708. 8. Form must be in the possession of the Secretary of State on or before the tast day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing. CHECK ONLY IF APPLICABLE NRS 76.020 Exemption Codes Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: 001 - Governmental Entity 003 - Home-based Business This corporation is a publicly traded corporation. The Central Index Key number is: 005 - Motion Picture Company 006 - NRS 680B.020 insurance Co. This publicly traded corporation is not required to have a Central Index Key number. NAME TITLE(S) Jim G. Landers PRESIDENT (OR EQUIVALENT OF) **ADDRESS** CITY STATE ZIP CODE PO Box 826 89447 NV Yerington NAME TITLE(S) Vicky Prince SECRETARY (OR EQUIVALENT OF) **ADDRESS** ZIP CODE CITY STATE PO Box 826 NV 89447 Yerington NAME TITLE(S) TREASURER (OR EQUIVALENT OF) Carolyn D. Landers **ADDRESS** ZIP CODE CITY STATE PO Box 826 89447 NV Yerington NAME TITLE(S) DIRECTOR

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has compiled with the provisions of NRS Chapter 76 and acknowledge that pursuant to IRS 239,330, price category C felony to knowingly offer any false or forged instrument for filling in the Office of the Secretary of

CITY

X MM Sudue

**ADDRESS** 

tle President

Date

STATE

Nevada Secretary of State Annual List Profit Revised: 10-8-10

04/06/11

ZIP CODE

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#### (PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF: FILE NUMBER Wastellater -11966-2000 NAME OF CORPORATION FOR THE FILING PERIOD OF 5-1-2012 TO 5-31-2013 \*\*YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov\*\* The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is: Filed in the office of 20120301907-15 · La Mar Filing Date and Time inavet way Ross Miller 04/27/2012 6:01 AM Secretary of State Entity Number State of Nevada C11966-2000 A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: WWW.fivsos.gov USE BLACK INK ONLY - DO NOT HIGHLIGHT ABOVE SPACE IS FOR OFFICE USE ONLY Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.) IMPORTANT: Read instructions before completing and returning this form. 1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED. 2. If there are additional officers, attach a list of them to this form. 3. Return the completed form with the filling fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for fallure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year. 4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline. 5. Make your check payable to the Secretary of State. 6. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order. 7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708. 8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filling. CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW NRS 76.020 Exemption Codes Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to 001 - Governmental Entity attach the Declaration of Eligibility form will result in rejection, which could result in late fees. 005 - Motion Picture Company 006 - NRS 680B.020 Insurance Co. This corporation is a publicly traded corporation. The Central Index Key number is: This publicly traded corporation is not required to have a Central Index Key number. Jim G. LANders PRESIDENT (OR EQUIVALENT OF) CITY PO BOX 826 yerinaton NAME TITLE(\$) SECRETARY (OR EQUIVALENT OF) STATE ZIP CODE YERINGTON OLYN D. LANDERS TREASURER (OR EQUIVALENT OF) STATE ZIP CODE NAME TITLE(S) DIRECTOR **ADDRESS** CITY ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has compiled with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Signature of Officer

Nevada Secretary of State Annual List Profit

Revised 3-9-12

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AN STATE BUSINESS LICENSE APPLICATION OF:	ID REGISTERED	AGENT AND	FILE NUMBER
WASTEWATER SOLIDS MANAGEMEN	ot Inc		
FOR THE FILING PERIOD OF 5/1/13 TO 5/31/13	4		
**YOU MAY FILE THIS FORM ONLINE AT www.nveos.g6v**			
The entity's duly appointed registered agent in the State of Nevada upon whom process can be	e served is: Filed	in the office of	20130281236-78
MARK ARRIGHT		Miller	Filing Date and Time 04/26/2013 5:48 A
KERIUSTUN NU 89447		etary of State of Nevada	Entity Number C11966-2000
A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: WWW.IIVS	os.gov		
USE BLACK INK ONLY - DO NOT HIGHLIGHT  Return one file stamped copy. (If filing not accompanied by order instruc	tions, file stamped copy w		ce is FOR OFFICE USE ONLY red agent.)
IMPORTANT: Read instructions before completing and returning this form.  1. Print or type names and addresses, either residence or business, for all officers and direct named. There must be at least one director. An Officer must sign the form. FORM WILL  2. If there are additional officers, attach a list of them to this form.  3. Return the completed form with the filing fee. Annual list fee is based upon the current total.	ors. A President, Secretary, T BE RETURNED IF UNSIGNE	reasurer, or equivalent D.	of and all Directors must be
A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list the previous year.  4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failu	eceived more than 90 days b	llaria etab eub efi erofe	be deemed an amended list for
<ol> <li>Make your check payable to the Secretary of State.</li> <li>Ordering Copies: If requested above, one file stamped copy will be returned at no additional copy generated when order accompany your order.</li> </ol>	nal charge. To receive a cert ing 2 or more file stamped or	ified copy, enclose an a certified copies. Appro	additional \$30.00 per certification. opriate instructions must
<ol> <li>Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, N</li> <li>Form must be in the possession of the Secretary of State on or before the last day of the machine after due date will be returned for additional fees and penalties. Failure to include</li> </ol>	onth in which it is due. (Posti	nark date is not accept	ted as receipt date.) Forms ejection of filing.
CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BE		NRS 7	6.020 Exemption Codes
Pursuant to NRS Chapter 76, this entity is exempt from the business license NOTE: If claiming an exemption, a notarized Declaration of Eligibility form	must be attached. Fall	ure to 001 - Ga	overnmental Entity
attach the Declaration of Eligibility form will result in rejection, which coul  This corporation is a publicly traded corporation. The Central Index Key nur			otion Picture Company RS 680B.020 Insurance Co.
This publicly traded corporation is not required to have a Central Index Key	L		
Jim G. Landers	PRESIDENT	OR EQUIVALENT O	F)
PO Box 826	Jerington	STA	7 89447
NAME Vicky PRINCE	TITLE(S)	(OR EQUIVALENT	OF)
ADDRESS	CITY	STA	TE ZIP CODE
PO BOX 826	YELINGTON)	\ <u>N</u>	V 1844 /
CAZOLYN D. LANDER	TITLE(S) TREASURER	(OR EQUIVALENT O	OF)
PO Box 826	Yer ington	STA N	IV 89447
NAME	TITLE(S) DIRECTOR		
ADDRESS	СІТУ	STA	TE ZIP CODE
I declare, to the best of my knowledge under penalty of perjury, that the above mention	tod on the base manufact suffic	the provisions of No	R8 Chanier 78 and
acknowledge that pursuant to NRS 229.330, it is a category C felony to knowledge flat	any false or forged instruc-	ant for filing in the O	fflice of the Secretary of
x Caroly landen	TREASUR	er.	4/26/13
Signature of Officer	rig Awasianaa.		retary of State Annual List Profit Revised 3-9-12

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**ROSS MILLER** Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

# Statement of Change of **Registered Agent** by Represented Entity

(PURSUANT TO NRS 77.340)

This form may be submitted by: the Represented Entity to appoint a new Registered Agent or amend own service of process info. For more information please visit http://www.nvsos.gov/index.aspx?page=141

Document Number Filed in the office of 20130316871-12 Filing Date and Time Ross Miller 05/10/2013 8:44 AM Secretary of State Entity Number State of Nevada C11966-2000

USE BLACK INK ONLY - DO NOT HIGHLIGHT ABOVE SPACE IS FOR OFFICE USE ONLY 1. Name of Represented Entity: WASTEWATER Solids MANAgement INC 2. Entity File Number: (-/1966-200) 3. This statement of change will have the following effect: (check only one) Appoints a new agent for service of process (complete 4a or 4b) Updates contact information of the Represented Entity acting as own agent (complete 4c) 4. Information in effect upon the filing of this statement: (complete only one section) a) Commercial Registered Agent: Name b) Noncommercial Registered Agent: MALK ARRIGHI 14 South MAIN ST PO BOX \$4 57 Mailing Address (if different from street address) c) Title of Office or Other Position within Represented Entity: Name of Title or Position Nevada <sup>[</sup> Street Address City Zip Code Mailing Address (if different from street address) 5. Signature of Represented Entity: (required) 6. Registered Agent Acceptance: (required) I hereby appear appointment as Registered Agent for the above named Entity. Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

FEE: \$60.00

This form must be accompanied by appropriate fees.

Nevada Secretary of State Form RA Change by Entity

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#### (PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:

**ENTITY NUMBER** 

C11966-2000

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NAME OF CORPORATION

FOR THE FILING PERIOD OF

05/2014

TO

05/2015



USE BLACK INK ONLY - DO NOT HIGHLIGHT

### \*\*YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov\*\*

Return one file stamped copy. (if filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
- 2. If there are additional officers, attach a list of them to this form.
- 3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for fallure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.

Filed in the office of Document Number · co Men

Ross Miller Secretary of State State of Nevada

20140250736-90

Filing Date and Time

04/03/2014 8:06 AM

Entity Number

C11966-2000

ABOVE SPACE IS FOR OFFICE USE ONLY

- 4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- 5. Make your check payable to the Secretary of State.
- 6. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- 8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CO	ODE IN BOX BELOW				
Pursuant to NRS Chapter 76, this entity is exempt from the NOTE: if claiming an exemption, a notarized Declaration of attach the Declaration of Eligibility form will result in reject This corporation is a publicly traded corporation. The Centr This publicly traded corporation is not required to have a Centre	business license fee. Exemption code:  f Eligibility form must be attached. Failure to ion, which could result in late fees.  al index Key number is:	NRS 76.020 Exemption Codes 001 - Governmental Entity 005 - Motion Picture Company 006 - NRS 680B.020 Insurance Co.			
NAME	TITLE(S)				
Im G, Landers PRESIDENT (OR EQUIVALENT OF)					
ADDRESS	CITY STATE ZIP CODE				
PO Box 826	Yerington	NV 89447			
NAME	TITLE(\$)	-			
Vicky Prince	SECRETARY (OR E	QUIVALENT OF)			
ADDRESS	CITY	STATE ZIP CODE			
PO Box 826	Yerington	NV 89447			
NAME	TITLE(S)				
Carolyn D. Landers	TREASURER (OR EC	QUIVALENT OF)			
ADDRESS	CITY	STATE ZIP CODE			
PO Box 826	Yerington	NV 89447			
NAME	TITLE(\$) DIRECTOR				
ADDRESS	СПУ	STATE ZIP CODE			

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowledly effer any false or forged instrument for filling in the Office of the Secretary of State.

Signature of Officer or Other Authorized Signature Title Treasurer Date

04/01/2014

Nevada Secretary of State List Profit Revised 7-31-13


(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF: **ENTITY NUMBER** WASTEWATER SOLIDS MANANGEMENT, INC. C11966-2000 NAME OF CORPORATION FOR THE FILING PERIOD OF MAY, 2015 MAY, 2016 TO USE BLACK INK ONLY - DO NOT HIGHLIGHT \*\*YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov\*\* Return one file stamped copy. (If filing not accompanied by order instructions, file Filed in the office of Document Number stamped copy will be sent to registered agen1) 20150237161-88 Dabore K. (egocke MPORTANT: Read instructions before completing and returning this form. Filing Date and Time Barbara K. Cegavske 1. Print or type names and addresses, either residence or business, for all officers and directors. A 05/27/2015 10:35 AM Secretary of State President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at Entity Number State of Nevada least one director. An Officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED. C11966-2000 2. If there are additional officers, attach a list of them to this form 3. Return the completed form with the filling fee. Annual list fee is based upon the current total (This document was flied electronically.) authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 ABOVE SPACE IS FOR OFFICE USE ONLY penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year 4 State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline Make your check payable to the Secretary of State. 6. Ordering Coples: If requested above, one file stemped copy will be returned at no additional charge. To receive a pertified copy, enclose an additional \$30.00 per certification A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or pertified copies. Appropriate instructions must accompany your order. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 69701-4201, (775) 684-5708 8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filling. CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW NRS 76.020 Exemption Codes Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: 001 - Governmental Entity NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees. 005 - Motion Picture Company 006 - NRS 680B.020 Insurance Co. This corporation is a publicly traded corporation. The Central Index Key number is: This publicly traded corporation is not required to have a Central Index Key number. NAME TITLE(S) PRESIDENT (OR EQUIVALENT OF) JIM G LANDERS ADDRESS CITY STATE ZIP CODE PO BOX 826, USA NV YERINGTON 89447 NAME TITLE(8) VICKY PRINCE SECRETARY (OR EQUIVALENT OF)

Name of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowledge offer any false or forged instrument for filling in the Office of the Secretary of State.

CITY

TITLE(S)

TITLE(S)

CITY

CITY

YERINGTON

YERINGTON

YERINGTON

DIRECTOR

X VICKY PRINCE
Signature of Officer or
Other Authorized Signature

**ADDRESS** 

ADDRESS

ADDRESS

NAME

NAME

PO BOX 826, USA

PO BOX 826, USA

JIM G LANDERS

POBOX 826, USA

CAROLYN D LANDERS

CORPORATE SECRETARY

TREASURER (OR EQUIVALENT OF)

5/27/2015 10:35:26 AM

ZIPCODE

89447

ZIP CODE

89447

ZIP CODE

89447

STATE

NV

STATE

NV

STATE

# (PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS

LICENSE APPLICATION OF: ENTITY NUMBER WASTEWATER SOLIDS MANANGEMENT, INC. C11966-2000 NAME OF CORPORATION MAY, 2016 MAY, 2017 FOR THE FILING PERIOD OF TO \*100103\* USE BLACK INK ONLY - DO NOT HIGHLIGHT \*\*YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov\*\* Return one file stamped copy. (If filing not accompanied by order instructions, file Filed in the office of Document Number stamped copy will be sent to registered agent.) 20160189925-13 Bahare K. Cogarde IMPORTANT: Read instructions before completing and returning this form. Filing Date and Time Barbara K. Cegavske 04/27/2016 5:09 PM 1. Print or type names and addresses, either residence or business, for all officers and directors. A

- President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. FORM WILL BE RETURNED IF UNISIGNED.
- 2. If there are additional officers, attach a list of them to this form.
- 3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year

Secretary of State State of Nevada

Entity Number

C11966-2000

(This document was fled electronically.) ABOVE SPACE IS FOR OFFICE USE ONLY

- 4. State business license fee is \$500.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- 5. Make your check payable to the Secretary of State.
- 5. Ordering Caples: If requested above, one file stamped copy will be returned at no additional charge. To receive a pertified copy, enclose an additional \$30.00 per certification A copy fee of \$2.00 per page is required for each additional capy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 584-5708.
- B. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms

reserved distriction and early are retained to additional rees districtions. Failure to independ	se dilied for die sections forme ford the	result in reproduit of fining.			
CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX B	ELOW				
Pursuant to NRS Chapter 76, this entity is exempt from the business license	e fee. Exemption code;	NRS 76.020 Exemption Codes			
NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to					
attach the Declaration of Eligibility form will result in rejection, which could result in late fees. 005 - Motion Picture Company 006 - NRS 680B.020 Insurance C					
This corporation is a publicly traded corporation. The Central Index Key number is:					
This publicly traded corporation is not required to have a Central Index Key	number.				
NAME	TITLE(8)				
JIM G LANDERS	PRESIDENT (OR EQUIV	ALENT OF)			
ADDRESS	CITY	STATE ZIP CODE			
POBOX 826, USA	YERINGTON	NV 89447			
NAME	TITLE(S)				
VICKY PRINCE	SECRETARY (OR EQUI	VALENT OF)			
ADDRESS	CITY	STATE ZIP CODE			
PO BOX 826 , USA	YERINGTON	NV 89447			
NAME	TITLE(S)				
CAROLYN D LANDERS	TREASURER (OR EQUI	VALENT OF)			
ADDRESS	CITY	STATE ZIP CODE			
PO BOX 826 , USA	YERINGTON	NV 89447			
NAME	TITLE(S)				
JIM G LANDERS	DIRECTOR				
ADDRESS	CITY	STATE ZIP CODE			
POBOX 826, USA	YERINGTON	NV 89447			

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filling in the Office of the Secretary of State.

**	Title	Date
X VICTORIA E PRINCE	CORPORATE SECRETARY	4/27/2016 5:09:49 PM
Signature of Officer or	***************************************	***************************************

		-

COMMISSIONERS
DOUG LITTLE - Chairman
BOB STUMP
BOB BURNS
TOM FORESE
ANDY TOBIN



**ARIZONA CORPORATION COMMISSION** 

JOD! JERICH Executive Director

PATRICIA L. BARFIELD
Director
Corporations Division

## RECEIVED

OCT 2 4 2016

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

WASTEWATER SOLIDS MANAGEMENT INC AMANDA BACON 10401 N 33RD AVE APT 506 PHOENIX, AZ 85051

Effective Date: 09/21/2016 File No: F-2124227-8

We have received a document submission for the above-referenced entity. If an acceptable form of payment for the correct filing fee was received, it has been deposited and is nonrefundable pursuant to statute, unless otherwise noted below. The document is REJECTED and is being returned for the following reasons:

Artach a Certificate of Good Standing/Existence, duly authenticated (certified) by the secretary of state or other official having legal custody of corporate records in the state or country under whose law it is incorporated. It must be dated within (60) sixty days of delivering the Application to the Commission.

(A.R.S.10-1503, 10-11503 & 29-802(B))

The certificate of disclosure was not enclosed with the articles of incorporation/application for authority. A form is enclosed for your convenience or visit our website at http://ecorp.azcc.gov.

Articles of Incorporation, and any amendments to the Articles, that have been duly authenticated (certified) by the secretary of state or by the official having legal custody of corporate records in the domicile state or country under whose laws the entity is incorporated. The authentification (certification) must be dated within sixty (60) days of delivering the Application to the Corporation Commission.

Pursuant to A.R.S. 10-1503 and 10-11503, a foreign corporation must provide the name(s) and business address(es) of the current officer(s) and director(s). A minimum of one (1) officer and (1) director must be listed.

#### IMPORTANT INFORMATION:

Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after

we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the \$35.00 expedite fee when you resubmit the document.

Please Note: Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

Return the following information to the Corporations Division (all pages must be legible):

- 1. A copy of this letter;
- 2. All pages of the rejected document with corrections OR a complete, signed, corrected document;
- 3. A NEW cover sheet indicating resubmission; and
- 4. Any additional paperwork or filing fees, as requested within this letter.

If you do not owe any additional fees or are paying by MOD account you can email your resubmission packet as a pdf document attachment to documentintake@azcc.gov.

If you have any questions, please feel free to contact the Customer Service Call Center at 602-542-3026, or Arizona residents only may use the toll free number 800-345-5819.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO http://ecorp.azcc.gov. USE THE SERVICE FEATURE AND SELECT "SUBSCRIBE TO EMAIL REMINDER TO FILE ANNUAL REPORT." YOU CAN ALSO SUBSCRIBE USING THE SEARCH FEATURE TO FIND YOUR CORPORATION'S RECORD, THEN CLICK ON THE BUTTON FOR "ANNUAL REPORT EMAIL REMINDERS." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

Tell us how we are doing. Take the online customer service survey at www.azcc.gov/divisions/Corporations.