

SEP 18 2016

OCT 24 2016

FILE NO. F21242278

FILE NO. F21242278

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

**APPLICATION FOR AUTHORITY
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA**
Read the Instructions C018I

1. ENTITY TYPE - check only one to indicate the type of entity applying for authority:

- | | |
|--|--|
| <input checked="" type="checkbox"/> FOR-PROFIT CORPORATION | <input type="checkbox"/> INSURER |
| <input type="checkbox"/> NONPROFIT CORPORATION | <input type="checkbox"/> SAVINGS AND LOAN ASSOCIATION |
| <input type="checkbox"/> PROFESSIONAL CORPORATION | <input type="checkbox"/> CREDIT UNION |
| <input type="checkbox"/> CLOSE CORPORATION | <input type="checkbox"/> TRUST COMPANY |
| <input type="checkbox"/> BUSINESS TRUST | <input type="checkbox"/> COOPERATIVE MARKETING ASSOCIATION |
| <input type="checkbox"/> BUSINESS DEVELOPMENT CORP. | <input type="checkbox"/> ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC. |
| <input type="checkbox"/> CORPORATION SOLE | <input type="checkbox"/> NONPROFIT ELEC. GENERATION AND TRANSMISSION COOPERATIVE CORP. |

2. NAME IN STATE OR COUNTRY OF INCORPORATION (FOREIGN NAME) - enter the exact, true name of the foreign corporation:

WASTEWATER SOLIDS MANAGEMENT INC

3. NAME TO BE USED IN ARIZONA (ENTITY NAME) - see Instructions C018I - Identify the name the foreign corporation will use in Arizona by checking 3.1, 3.2, or 3.3 (check only one), and follow instructions

- | | | |
|--|---|---|
| 3.1 <input checked="" type="checkbox"/> Name in state or country of incorporation, with no changes -
Go to number 4. | 3.2 <input type="checkbox"/> Name in state or country of incorporation, with a corporate identifier added to it -
Enter the name in number 3.4 below. | 3.3 <input type="checkbox"/> 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, enter or print the name to be used in Arizona:

4. FOREIGN DOMICILE - list the state or country in which the foreign corporation is incorporated: NEVADA

5. DATE OF INCORPORATION IN FOREIGN DOMICILE: 5/1/2000

6. DURATION - the duration or life period of the foreign corporation is presumed to be perpetual unless one of the boxes is checked below and the blanks are filled in:

- ☐ The corporation's life period will end after the expiration of _____ years (enter a number of years).
- ☐ The corporation's life period will end on this date _____ (enter a date).
- ☐ The corporation's life period will end upon the occurrence of this event:

_____ (describe an event).

7. PURPOSE - the foreign corporation's purpose is to engage in any or all lawful business or affairs in which corporations may engage in the state or country under whose law the foreign corporation is incorporated, subject to the following limitations, if any (leave this blank if there are no limitations on the corporation's purpose):

8. **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

9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS - see <i>Instructions C018</i> - 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:			10. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS: Is the Arizona known place of business street address the same as the street address of the statutory agent? <input checked="" type="checkbox"/> Yes - go to number 11 and continue. <input type="checkbox"/> No - provide the Arizona physical or street address (not a P.O. Box) below:		
ATTENTION: VICKY PRINCE					
Attention (optional) 163 US HIGHWAY 95 A			Attention (optional)		
Address 1 PO BOX 826			Address 1		
Address 2 (optional)		NV	89447	Address 2 (optional)	
City	YERINGTON	State	Zip	City	State Zip

11. STATUTORY AGENT IN ARIZONA - see <i>Instructions C018</i> :					
11.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:			11.2 OPTIONAL - mailing address in Arizona of statutory agent (can be a P.O. Box):		
Amanda Bacon					
Statutory Agent Name (required)					
Attention (optional) 10401 N. 33rd Avenue Apt 506			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)		AZ	85051	Address 2 (optional)	
City	Phoenix	State	Zip	City	State Zip
11.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with this Application For Authority.					

12. DIRECTORS - list the name and business address of each and every Director of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the Director Attachment form C082.					
Jim G. Landers					
Director Name			Director Name		
PO Box 826					
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	Yerington	State or Province	NV	Zip	89447
Country	USA				
Date taking office (optional):			Date taking office (optional):		

Director Name				Director Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province		Zip	City	State or Province		Zip
Country				Country			
Date taking office (optional):				Date taking office (optional):			
Director Name				Director Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province		Zip	City	State or Province		Zip
Country				Country			
Date taking office (optional):				Date taking office (optional):			
13. OFFICERS - list the name and business address of all principal Officers of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the <u>Officer Attachment</u> form C085.							
JIM G. LANDERS				VICKY PRINCE			
Officer Name PO BOX 826				Officer Name PO BOX 826			
Address 1				Address 1			
Address 2 (optional) YERINGTON		NV	89447	Address 2 (optional) YERINGTON		NV	89447
City	State or Province UNITED STATES		Zip	City	State or Province UNITED STATES		Zip
Country				Country			
Date taking office (optional):				Date taking office (optional):			
Officer Title: President				Officer Title: Secretary			
CAROLYN D. LANDERS							
Officer Name PO BOX 826				Officer Name			
Address 1				Address 1			
Address 2 (optional) YERINGTON		NV	89447	Address 2 (optional)			
City	State or Province UNITED STATES		Zip	City	State or Province		Zip
Country				Country			
Date taking office (optional):				Date taking office (optional):			
Officer Title: Treasurer				Officer Title:			
Officer Name				Officer Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province		Zip	City	State or Province		Zip
Country				Country			
Date taking office (optional):				Date taking office (optional):			
Officer Title:				Officer Title:			

14. **FOR-PROFITS ONLY - SHARES AUTHORIZED** - see Instructions C018I - list the class (common, preferred, etc.) and total number of shares the foreign corporation is AUTHORIZED to issue. This information must match the original Articles of Incorporation plus any amendments thereto. If more space is needed, check this box ☐ and complete and attach the Shares Authorized Attachment form C087.

Class: COMMON Series: 1THRU 20 Total: 20 Par Value: 0
Class: _____ Series: _____ Total: _____ Par Value: _____

15. **FOR-PROFITS ONLY - SHARES ISSUED** - see Instructions C018I - list each class/series of authorized shares and give the total number and par value of shares of that class that have been ISSUED. If no shares of that class have been issued, put the number zero. If more space is needed, check this box ☐ and complete and attach the Shares Issued Attachment form C097.

Class: _____ Series: _____ Total: _____ Par Value: _____
Class: _____ Series: _____ Total: _____ Par Value: _____

16. **NONPROFITS ONLY - MEMBERS** - check one box only:

Does the foreign nonprofit corporation have members? ☐ Yes ☐ No

17. **PROFESSIONAL CORPORATIONS ONLY - PROFESSIONAL SERVICES** - If "professional corporation" is checked in number 1, briefly describe the type of professional services the corporation will render (examples: accounting, medical, law firm):

18. **PROFESSIONAL CORPORATIONS ONLY - PROFESSIONAL LICENSE:**

By the signature appearing on this document, the foreign professional corporation certifies under penalty of perjury that at least one-half of its shareholders who are entitled to vote for the election of directors, and at least one-half of its directors, and its president, are licensed in one or more states to render a professional service described in the foreign professional corporation's articles of incorporation.

NOTE: You must attach a statement from the licensing authority in Arizona for the profession showing that at least one of the professional corporation's shareholders or employees is licensed in Arizona to render that professional service. (See A.R.S. § 10-2245.)

SIGNATURE: By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT


Signature

Carolyn D. Landers
Printed Name

09/09/2016
Date

REQUIRED - check only one:

<input type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document.	<input checked="" type="checkbox"/> I am a duly-authorized Officer of the corporation filing this document.	<input type="checkbox"/> I am a duly authorized bankruptcy trustee, receiver, or other court-appointed fiduciary for the corporation filing this document.
--	--	---

Filing Fee: \$175.00 (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
Fax: 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 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) 800-345-5819.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002I

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

WasteWater Solids Management INC

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

3. **STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.


Signature

Amanda Bacon

Printed Name

09/09/2016

Date

REQUIRED – check only one:

<input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
---	---

Filing Fee: none (regular processing) Expedited processing – not applicable. All fees are nonrefundable – see Instructions.	Mail: Arizona Corporation Commission – Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 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 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) 800-345-5819.

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

CERTIFICATE OF DISCLOSURE

Read the Instructions C003I

1. **ENTITY NAME** – give the exact name of the corporation in Arizona:

WasteWater Solids Management INC

2. **A.C.C. FILE NUMBER** (if already incorporated or registered in AZ):

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. Check only one of the following to indicate the type of Certificate:

- ☒ Initial (accompanies formation or registration documents)
☐ Annual (credit unions and loan companies only)
☐ Supplemental to COD filed _____ (supplements a previously-filed Certificate of Disclosure)

4. FELONY/JUDGMENT QUESTIONS:

Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten per cent of the issued and outstanding common shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation been:

- | | | | |
|-----|---|------------------------------|--|
| 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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, involving any of the following:
a. The violation of fraud or registration provisions of the securities laws of that jurisdiction;
b. The violation of the consumer fraud laws of that jurisdiction;
c. The violation of the antitrust or restraint of trade laws of that jurisdiction? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

- 4.4 If any of the answers to numbers 4.1, 4.2, or 4.3 are YES, you **MUST** complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004.

5. BANKRUPTCY QUESTION:

5.1 Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty per cent interest in any other corporation (not the one filing this Certificate) on the bankruptcy or receivership of the other corporation ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.2 If the answer to number 5.1 is YES , you MUST complete and attach a Certificate of Disclosure Bankruptcy Attachment form C005.		

IMPORTANT: If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten per cent of the issued and outstanding shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a SUPPLEMENTAL Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.

SIGNATURE REQUIREMENTS:

Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an Incorporator Attachment form C004.
Foreign corporations:	This Certificate may be signed by a duly authorized officer or by the Chairman of the Board of Directors.
Credit Unions and Loan Companies:	This Certificate must be signed by any 2 officers or directors.

Jim G. Landers

Name

PO Box 826

Address 1

Address 2

Yerington

NV

89447

City

State


Zip

Country

UNITED STATES

SIGNATURE - see Instructions C003i:

By typing or entering my name and checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.


Signature ☒ I ACCEPT
Jim G. Landers
Printed Name 09/09/2016
Date

REQUIRED - check only one:

- ☒ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
☐ **Officer** - I am an officer of the corporation submitting this Certificate.
☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

Name

Address 1

Address 2

City

State

Zip

Country

SIGNATURE - see Instructions C003i:

By typing or entering my name and checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT
Signature
Printed Name Date

REQUIRED - check only one:

- ☐ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
☐ **Officer** - I am an officer of the corporation submitting this Certificate.
☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

Filing Fee: None

All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 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 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) 800-345-5819.

C003.001
Rev. 2016

Arizona Corporation Commission - Corporations Division
Page 2 of 2

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

Job: C20161003-0805
October 3, 2016

Special Handling Instructions:

Charges

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

Payments

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

Credit Balance: \$0.00

Job Contents:

Web Certificate of Good Standing 1
Short(s):

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.



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

BARBARA K. CEGAVSKE
Secretary of State

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

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

Job: C20161020-1304

October 20, 2016

NV

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

Type	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	1 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

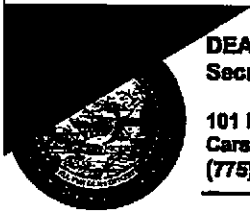


Certified By: Raphael Alves
Certificate Number: C20161020-1304
You may verify this certificate
online at <http://www.nvsos.gov/>

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State



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:

FILED # C11965-00

MAY 01 2000

IN THE OFFICE OF
DEAN HELLER, SECRETARY OF STATE

Important: Read attached instructions before completing form.

1. Name of Corporation
(must be the same as shown on
the certificate of existence)

Denali Ventures, Inc.

2. State of Incorporation

Wyoming

3. Resident Agent Name
and Street Address:
(must be a Nevada address
where process may be served)

The Corporation Trust Company of Nevada
Name

6100 Neil Rd Ste 500 Reno NEVADA 89511
Street Address City Zip Code

4. Shares:
(No. of shares corporation
authorized to issue. Please
attach documentation)

Total authorized stock: 1000 Common

(a) Number of shares with par value: 0

(b) Par value of each share: None

(c) Number of shares without par value: 1000

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

Signature

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.

Signature of Resident Agent

March 23, 2000
Date

This form must be accompanied by appropriate fees. See attached fee schedule.

Nevada Secretary of State Form FORQUAL1999.01
Revised on: 01/07/00

84/07/2000 09:21A UN125 F108-000-62465

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>	<u>ADDRESS</u>
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

INITIAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF WASTEWATER SOLIDS MANAGEMENT, INC.

FILE NUMBER

May 1, 2000

11966-00

A Nevada CORPORATION
(State of Incorporation)

FOR THE FILING PERIOD 5-1-00 TO 5-1-01
(Incorporation Date)

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)

FILED

MAY 30 2000

Dean Heller
Secretary of State

PLEASE 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 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 added for failure to file this form 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 constitute a certificate to transact business per NRS 78.155. If you need the below attachment file stamped, enclose a self-addressed stamped envelope. To receive 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) 884-5708

FILING FEE: \$85.00

LATE PENALTY: \$15.00

THIS FORM MUST BE FILED BY THE 1st DAY OF THE 2nd MONTH FOLLOWING INCORPORATION DATE

NAME	TITLE(S)			
JIM G. LANDERS	PRESIDENT			
P O BOX	STREET ADDRESS	CITY	ST	ZIP
	251 Highway 95A N.	Yerington	NV	89447
NAME	TITLE(S)			
JOAN T. JOHNSON	SECRETARY			
P O BOX	STREET ADDRESS	CITY	ST	ZIP
	251 Highway 95A N.	Yerington	NV	89447
NAME	TITLE(S)			
	TREASURER			
P O BOX	STREET ADDRESS	CITY	ST	ZIP
NAME	TITLE(S)			
STEPHEN D. LOONEY	DIRECTOR			
P O BOX	STREET ADDRESS	CITY	ST	ZIP
	251 Highway 95A N.	Yerington	NV	89447
NAME	TITLE(S)			
	DIRECTOR			
P O BOX	STREET ADDRESS	CITY	ST	ZIP
NAME	TITLE(S)			
	DIRECTOR			
P O BOX	STREET ADDRESS	CITY	ST	ZIP

I hereby certify this initial list.

X Signature of officer:

Jim G. Landers

Pres
Title(s)

5/19/00
Date

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:
WASTEWATER SOLIDS MANAGEMENT, INC.

FILE NUMBER

11966-2000

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

RA# 107202

JOAN T JOHNSON

251 HIGHWAY 95A
YERINGTON NV 89447

FOR OFFICE USE ONLY
FILED (DATE)

FILED
APR 17 2001
Debra Heller
Secretary of State

☐ IF 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.

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 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.
3. Return the completed form with the \$85.00 filing fee. A \$15 penalty must be added for failure to file this form by the deadline. An annual list received more than 60 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. Your canceled check will constitute a certificate to transact business per NRS 78.155. If you need the below attachment file stamped, enclose a self-addressed stamped envelope. To receive 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) 684-5708.

FILING FEE: \$85.00 PENALTY: \$15.00

NAME JIM G. LANDERS		TITLE(S) PRESIDENT	
P.O. BOX	STREET ADDRESS 251 HIGHWAY 95A N.	CITY YERINGTON	ST. ZIP NV 89447
NAME JOAN T. JOHNSON		TITLE(S) SECRETARY	
P.O. BOX	STREET ADDRESS 251 HIGHWAY 95A N.	CITY YERINGTON	ST. ZIP NV 89447
NAME		TITLE(S) TREASURER	
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP
NAME		TITLE(S) DIRECTOR	
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP
NAME		TITLE(S) DIRECTOR	
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP

I hereby certify this annual list.

X Signature of Officer

Jim G. Landers

Date

4/4/01

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:
WASTEWATER SOLIDS MANAGEMENT, INC.

FILE NUMBER

11966-2000

FOR THE PERIOD MAY 2002 TO 2003. DUE BY MAY 31, 2002.
The Corporation's duly appointed resident agent in the
State of Nevada upon whom process can be served is:

RA# 107202

FOR OFFICE USE ONLY
FILED (DATE)

JOAN T JOHNSON

251 HIGHWAY 95A
YERINGTON NV 89447

FILED # _____

APR 11 2002

IN THE OFFICE OF
Dean Heller
DEAN HELLER, SECRETARY OF STATE

☐ IF 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.

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 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.
3. Return the completed form with the \$85.00 filing fee. A \$50 penalty must be added for failure to file this form by the deadline. An annual list received more than 60 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. Your canceled check will constitute a certificate to transact business per NRS 78.155. If you need the below attachment file stamped, 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, NV 89701-4201. (775) 684-5708.

FILING FEE: \$85.00

PENALTY: \$50.00

NAME JIM G. LANDERS	TITLE(S) PRESIDENT
P.O. BOX	STREET ADDRESS 251 HIGHWAY 95A N.
	CITY YERINGTON
	ST. NV
	ZIP 89447
NAME JOAN T. JOHNSON	TITLE(S) SECRETARY
P.O. BOX	STREET ADDRESS 251 HIGHWAY 95A N.
	CITY YERINGTON
	ST. NV
	ZIP 89447
NAME	TITLE(S) TREASURER
P.O. BOX	STREET ADDRESS
	CITY
	ST.
	ZIP
NAME Stephen D Looney	TITLE(S) DIRECTOR
P.O. BOX	STREET ADDRESS
	CITY
	ST.
	ZIP
NAME 617 N El Rio Dr.	TITLE(S) Bakersfield
	ST.
	ZIP 93309
NAME	TITLE(S) DIRECTOR
P.O. BOX	STREET ADDRESS
	CITY
	ST.
	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 384A of NRS.

X Signature of Officer

Date

03/29/02

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:

WASTEWATER SOLIDS MANAGEMENT, INC.

FILE NUMBER

11966-2000

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:

RA# 107202

FOR OFFICE USE ONLY

FILED (DATE)

JOAN T JOHNSON

251 HIGHWAY 95A
YERINGTON NV 89447

FILED

APR 03 2003

IN THE OFFICE OF
DEAN HELLER, SECRETARY OF STATE

☐ IF 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.

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 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.
3. Return the completed form with the \$85.00 filing fee. A \$50 penalty must be added for failure to file this form by the deadline. An annual list received more than 60 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. Your canceled check will constitute a certificate to transact business per NRS 78.155. If you need the below attachment file stamped, 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, NV 89701-4201, (775) 684-5708.

FILING FEE: \$85.00

PENALTY: \$50.00

NAME JIM G. LANDERS	TITLE(S) PRESIDENT		
P.O. BOX	STREET ADDRESS 251 HIGHWAY 95A N.	CITY YERINGTON	ST. ZIP NV 89447
NAME JOAN T. JOHNSON	TITLE(S) SECRETARY		
P.O. BOX	STREET ADDRESS 251 HIGHWAY 95A N.	CITY YERINGTON	ST. ZIP NV 89447
NAME	TITLE(S) TREASURER		
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP
NAME	TITLE(S) DIRECTOR		
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP
NAME	TITLE(S) DIRECTOR		
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 384A of NRS.

X Signature of Officer

Jim G. Landers

Date

03/24/03

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:
WASTEWATER SOLIDS MANAGEMENT, INC.

FOR THE PERIOD MAY 2004 TO 2005. DUE BY MAY 31, 2004.
The Corporation's duly appointed resident agent in the
State of Nevada upon whom process can be served is:

FILE NUMBER

11966-2000

RA# 107202

JOAN T JOHNSON

251 HIGHWAY 95A
YERINGTON NV 89447

FOR OFFICE USE ONLY

FILED (DATE)

FILING FEE:

\$125

FILED

MAY 13 2004

Dean Heller
Secretary of State

☐ IF 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.

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.
3. Return the completed form with the filing fee 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 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.
5. 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.

FILING FEE - AS SHOWN ABOVE PENALTY: \$75.00

Check all that apply:

- ☐ This corporation is a publicly-traded corporation. If so, Central Index Key number is: _____
- ☐ This publicly-traded corporation is not required to have a Central Index Key number.

NAME JIM G. LANDERS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
P.O. BOX ADDRESS 251 HIGHWAY 95A N.	CITY YERINGTON ST. NV ZIP 89447
NAME JOAN T. JOHNSON	TITLE(S) SECRETARY (OR EQUIVALENT OF)
P.O. BOX ADDRESS 251 HIGHWAY 95A N.	CITY YERINGTON ST. NV ZIP 89447
NAME TREASURER (OR EQUIVALENT OF)	TITLE(S) TREASURER (OR EQUIVALENT OF)
P.O. BOX ADDRESS	CITY YERINGTON ST. NV ZIP 89447
NAME DIRECTOR	TITLE(S) DIRECTOR
P.O. BOX ADDRESS	CITY YERINGTON ST. NV ZIP 89447

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 380.780 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.

Signature of Officer

Jim G. Landers

Date

4/27/04

01033AS
(REV 09/03)

**AMENDED
(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF
WASTEWATER SOLIDS MANAGEMENT, INC.**

FILE NUMBER

CI1966-00

(Name of Corporation)

FOR THE FILING PERIOD OF 02-2005 TO 05-2005

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

☐ CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR RESIDENT AGENT INFORMATION

Important: Read instructions before completing and returning this form.

Filed in the office of <i>Dean Heller</i> Dean Heller Secretary of State State of Nevada	Document Number 20050041955-21 Filing Date and Time 02/10/2005 2:03 PM Entity Number C11966-2000
--	--

THE ABOVE SPACE IS FOR OFFICE USE ONLY

- 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. Name an officer who the form. FORM MUST BE RETURNED TO US UNLESS OTHERWISE NOTED
- If there are additional directors attach a list of them to this form.
- Return the completed form with the filing fee. 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.
- Make your check payable to the Secretary of State. Your completed check will constitute a certificate to transport business per NRS 78.155. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
- Return the completed form to Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-6708.
- 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.

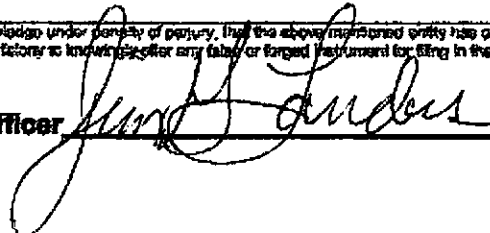
CHECK ONLY IF APPLICABLE:

- ☐ 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.

NAME	TITLE(S)		
Jim G. Landers	PRESIDENT (OR EQUIVALENT OF)		
ADDRESS	CITY	ST	ZIP
251 Highway 95A N.	Yerington, Nevada		89447
NAME	TITLE(S)		
Vicky Prince	SECRETARY (OR EQUIVALENT OF)		
ADDRESS	CITY	ST	ZIP
251 Highway 95A N.	Yerington, Nevada		89447
NAME	TITLE(S)		
Joan T. Johnson	TREASURER (OR EQUIVALENT OF)		
ADDRESS	CITY	ST	ZIP
251 Highwat 95A N.	Yerington, Nevada		89447
NAME	TITLE(S)		
	DIRECTOR		
ADDRESS	CITY	ST	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above information is true and correct and 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



Title



Date



Nevada Secretary of State Form ANNUAL LIST (PROFIT) 2005
Revised on 11/1/03



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

Filed in the office of <i>Dean Heller</i> Dean Heller Secretary of State State of Nevada	Document Number 20050041957-43
	Filing Date and Time 02/10/2005 2:03 PM
	Entity Number C11966-2000

**Certificate of Resignation of Officer,
 Director, Manager, Member, General
 Partner, Trustee or Subscriber**

Important: Read attached instructions before completing form.

RESERVE SPACE IS FOR OFFICE USE ONLY

**Certificate of Resignation of
 Officer, Director, Manager, Member,
 General Partner, Trustee 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)

3. Signature: 

4. Fee: \$75.00 per entity.

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:

WASTEWATER SOLIDS MANAGEMENT, 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 whom process can be served is:

JOAN T JOHNSON
251 HIGHWAY 95A
YERINGTON NV 89447

Filed in the office of <i>Dean Heller</i> Dean Heller Secretary of State State of Nevada	Document Number 20050133949-96
	Filing Date and Time 04/13/2005 1:30 PM
	Entity Number C11966-2000

FILING FEE: **\$125**

THE ABOVE SPACE IS FOR OFFICE USE ONLY

☐ IF 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.

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.
3. Return the completed form with the filing fee 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 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.
5. 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.

FILING FEE - AS SHOWN ABOVE PENALTY: \$75.00

Check all that apply:

- ☐ This corporation is a publicly-traded corporation. If so, Central Index Key number is: _____
- ☐ This publicly-traded corporation is not required to have a Central Index Key number.

NAME Jim G Landers		TITLE(S) PRESIDENT (OR EQUIVALENT OF)	
P.O. BOX JIM G. LANDERS	ADDRESS	CITY YERINGTON	ST. NV ZIP 89447
NAME Vicky Prince		TITLE(S) SECRETARY (OR EQUIVALENT OF)	
P.O. BOX JOAN T JOHNSON	ADDRESS P.O. Box 430	CITY YACHATS	ST. OR ZIP 97498
NAME Joan T Johnson		TITLE(S) TREASURER (OR EQUIVALENT OF)	
P.O. BOX 251 Hwy 95A N	ADDRESS	CITY YERINGTON	ST. NV ZIP 89447
NAME		TITLE(S) DIRECTOR	
P.O. BOX	ADDRESS	CITY	ST. ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 330.780 and acknowledge that pursuant to NRS 330.330, 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

Jim G Landers

Date

4/9/05

51283AS
12/04 11/05

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:

WASTEWATER SOLIDS MANAGEMENT, 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 <i>Dean Heller</i> 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.

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.
3. Return the completed form with the filing fee 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 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.
5. 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.

FILING FEE - AS SHOWN ABOVE PENALTY: \$75.00

Check all that apply:

- ☐ This corporation is a publicly-traded corporation. If so, Central Index Key number is: _____
- ☐ This publicly-traded corporation is not required to have a Central Index Key number.

NAME JIM G LANDERS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)			
P.O. BOX 826	ADDRESS 251 HIGHWAY 95A N	CITY YERINGTON	ST. NV	ZIP 89447
NAME VICKY PRINCE	TITLE(S) SECRETARY (OR EQUIVALENT OF)			
P.O. BOX 826	ADDRESS 251 HIGHWAY 95A N	CITY YERINGTON	ST. NV	ZIP 89447
NAME JOAN T JOHNSON	TITLE(S) TREASURER (OR EQUIVALENT OF)			
P.O. BOX 251 HIGHWAY 95A N	ADDRESS 251 HIGHWAY 95A N	CITY YERTINGTON	ST. NV	ZIP 89447
NAME 	TITLE(S) DIRECTOR			
P.O. BOX 	ADDRESS 	CITY 	ST. 	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied 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

Jim G Landers Pres

Date

4/20/06

01CS5A5
(Rev 01/05)



DEAN HELLER
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 <i>Dean Heller</i> Dean Heller Secretary of State State of Nevada	Document Number	20060315647-24
	Filing Date and Time	05/17/2006 8:48 AM
	Entity Number	C11966-2000

General instructions for this form:

1. Please print legibly or type; Black Ink Only.
2. Complete all fields.
3. The Physical Nevada address of the resident agent must be set forth; PMB's are not acceptable.
4. Ensure that document is signed in signature fields.
5. Include the filing fee of \$60.00.

ABOVE SPACE IS FOR OFFICE USE ONLY

Name of Entity File Number
Wastewater Solids Mgmt, INC C11966-2000

The change below is effective upon the filing of this document with the Secretary of State. Doc #2006025

Reason for change: (check one) ☒ Change of Resident Agent ☒ Change of Location of Registered Office 6697-63

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

Resident Agent: JOAN T JOHNSON
Street No.: 251 Highway 95A
City, State, Zip: Yerington NV 89447

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

Resident Agent: CAROLYN D. LAIR
Street No.: 40 Amanet Way,
City, State, Zip: Yerington NV 89447

Optional Mailing Address: P.O. Box 826 Yerington NV 89447

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

x *Jim M. Linder* Pres
Signature/Title

Certificate of Acceptance of Appointment by Resident Agent

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

x *Carolyn D. Lair*
Authorized Signature of R.A. or On Behalf of R.A. Company

May 15, 2006
Date

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:

WASTEWATER SOLIDS MANAGEMENT, 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:



C11966-2000

CAROLYN D. LANDERS
PO BOX 826
YERINGTON NV 89447

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20070180850-41 Filing Date and Time 03/13/2007 7:31 AM Entity Number 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.
3. Return the completed form with the filing fee 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 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.
5. 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.

FILING FEE - AS SHOWN ABOVE PENALTY: \$75.00

Check all that apply:

- ☐ This corporation is a publicly-traded corporation. If so, Central Index Key number is: _____
- ☐ This publicly-traded corporation is not required to have a Central Index Key number.

NAME JIM G LANDERS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)		
P.O. BOX PO BOX 826	ADDRESS	CITY YERINGTON	ST. ZIP NV 89447
NAME VICKY PRINCE	TITLE(S) SECRETARY (OR EQUIVALENT OF)		
P.O. BOX PO BOX 826	ADDRESS	CITY YERINGTON	ST. ZIP NV 89447
NAME CAROLYN D. LANDERS	TITLE(S) TREASURER (OR EQUIVALENT OF)		
P.O. BOX PO BOX 826	ADDRESS 251 HIGHWAY 95A-N	CITY YERINGTON	ST. ZIP NV 89447
NAME	TITLE(S) DIRECTOR		
P.O. BOX	ADDRESS	CITY	ST. ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 380.780 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

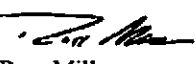
Date

01CS8AS
(Rev 02/07)



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  Ross Miller Secretary of State State of Nevada	Document Number 20070217450-98 Filing Date and Time 03/27/2007 8:11 AM Entity Number C11966-2000
--	--

General Instructions for this form:

1. Please print legibly or type; Black Ink Only.
2. Complete all fields.
3. The Physical Nevada address of the resident agent must be set forth; PMB's are not acceptable.
4. Ensure that document is signed in signature fields.
5. Include the filing fee of \$60.00.

ABOVE SPACE IS FOR OFFICE USE ONLY

WasteWater Solids Management, INC
Name of Entity

C11966-2000
File Number

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

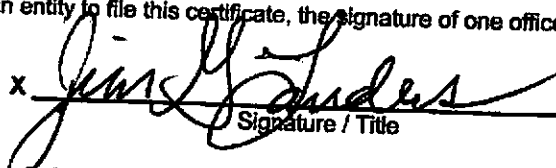
The former resident agent and/or location of the registered office was:

Resident Agent: CAROLYN D LAM
Street Number: 40 Armanet Way - P.O. Box 826
City, State, Zip: VERMONT NV 89447

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

Resident Agent: CAROLYN D LANDERS
Street Number: 40 Armanet Way - P.O. Box 826
City, State, Zip: VERMONT NV 89447
Optional Mailing Address: P.O. Box 826 VERMONT NV 89447

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

x  Pres
Signature / Title

Certificate of Acceptance of Appointment by Resident Agent

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

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

3/26/07
Date

This form must be accompanied by appropriate fees.

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

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:

WASTEWATER SOLIDS MANAGEMENT, 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 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
--	--

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

FLING 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, other 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.
3. Return the completed form with the filing fee 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 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.
5. 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.

FILING FEE - AS SHOWN ABOVE PENALTY: \$75.00

Check all that apply:

- ☐ This corporation is a publicly-traded corporation. If so, Central Index Key number is: _____
- ☐ This publicly-traded corporation is not required to have a Central Index Key number.

NAME TIM G LANDERS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
P.O. BOX PO BOX 826	CITY YERINGTON
ADDRESS PO BOX 826	ST. NV
	ZIP 89447
NAME VICKY PRINCE	TITLE(S) SECRETARY (OR EQUIVALENT OF)
P.O. BOX PO BOX 826	CITY YERINGTON
ADDRESS PO BOX 826	ST. NV
	ZIP 89447
NAME CAROLYN D LANDERS	TITLE(S) TREASURER (OR EQUIVALENT OF)
P.O. BOX PO BOX 826	CITY YERINGTON
ADDRESS PO BOX 826	ST. NV
	ZIP 89447
NAME CAROLYN D LANDERS	TITLE(S) DIRECTOR
P.O. BOX PO BOX 826	CITY YERINGTON
ADDRESS PO BOX 826	ST. NV
	ZIP 89447

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 960.700 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.

3/31/08

Signature of Officer

01CSAS

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

FILE NUMBER

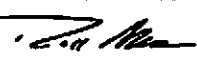
Waster Wader Solids management INC
NAME OF CORPORATION

C11966-2000

FOR THE FILING PERIOD OF May 2009 TO May 2010

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

A FORM TO CHANGE REGISTERED AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE:
www.nvsos.gov

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20090331694-97
	Filing Date and Time 04/06/2009 8:44 AM
	Entity Number C11966-2000

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.)****YOU MAY NOW FILE YOUR ANNUAL LIST ONLINE AT www.nvsos.gov******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 complete form with the filing fee. 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.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
5. **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.
6. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
7. 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.

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.

NAME Jim G. Landers	TITLE(S) PRESIDENT (OR EQUIVALENT OF)		
ADDRESS PO Box 826	CITY Yerington	STATE NV	ZIP CODE 89447
NAME Vicky Prince	TITLE(S) SECRETARY (OR EQUIVALENT OF)		
ADDRESS PO Box 826	CITY Yerington	STATE NV	ZIP CODE 89447
NAME CAROLYN D. LANDERS	TITLE(S) TREASURER (OR EQUIVALENT OF)		
ADDRESS PO Box 826	CITY Yerington	STATE NV	ZIP CODE 89447
NAME	TITLE(S) DIRECTOR		
ADDRESS	CITY	STATE	ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330 it is a category 4 felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X 
Signature of Officer

Title
President

Date

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:

Wastewater Solids Management Co INC
NAME OF CORPORATION

FILE NUMBER

C-11966-2000

FOR THE FILING PERIOD OF 05/10 TO 05/11

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:

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of

Ross Miller
Secretary of State
State of Nevada

Document Number

20100555102-11

Filing Date and Time

07/21/2010 8:59 AM

Entity Number

C11966-2000

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 complete 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.
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 filing.

CHECK ONLY IF APPLICABLE

- ☐ Pursuant to NRS, this entity is exempt from the business license fee. Exemption code:
- ☒ Month and year your State Business License expires: 03 20 10
- ☐ 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.

Section 7(2) Exemption Codes

- 001 - Governmental Entity
002 - 501(c) Nonprofit Entity
003 - Home-based Business
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME: Jim G. Landers TITLE(S): PRESIDENT (OR EQUIVALENT OF)
ADDRESS: P.O. Box 826 CITY: Yerington STATE: NV ZIP CODE: 89447

NAME: Vicky Prince TITLE(S): SECRETARY (OR EQUIVALENT OF)
ADDRESS: P.O. Box 826 CITY: Yerington STATE: NV ZIP CODE: 89447

NAME: Carolyn D. Landers TITLE(S): TREASURER (OR EQUIVALENT OF)
ADDRESS: P.O. Box 826 CITY: Yerington STATE: NV ZIP CODE: 89447

NAME: _____ TITLE(S): DIRECTOR
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 15 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 236.330, 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 Carolyn D. Landers
Signature of Officer

Title: TREASURER

Date: 7/21/10

Nevada Secretary of State Annual List Profit
Revised: 11-9-09

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

Waste Water Solids Management INC

C11966-2000

NAME OF CORPORATION

FOR THE FILING PERIOD OF 05-01-2011 TO 05-31-2012



110102

****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:

Carolyn D. Landers
PO Box 826
Yerington, NV 89447

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20110266748-07 Filing Date and Time 04/08/2011 8:59 AM Entity Number C11966-2000
--	--

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.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 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 filing.

CHECK ONLY IF APPLICABLE

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:
- ☐ 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.

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
003 - Home-based Business
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME Jim G. Landers	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
ADDRESS PO Box 826	CITY Yerington
	STATE NV
	ZIP CODE 89447
NAME Vicky Prince	TITLE(S) SECRETARY (OR EQUIVALENT OF)
ADDRESS PO Box 826	CITY Yerington
	STATE NV
	ZIP CODE 89447
NAME Carolyn D. Landers	TITLE(S) TREASURER (OR EQUIVALENT OF)
ADDRESS PO Box 826	CITY Yerington
	STATE NV
	ZIP CODE 89447
NAME	TITLE(S) DIRECTOR
ADDRESS	CITY
	STATE
	ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledges 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

Title President Date 04/06/11

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

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

Wastewater Solids Management Inc
NAME OF CORPORATION

C-11966-2000

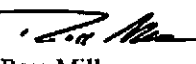
FOR THE FILING PERIOD OF 5-1-2012 TO 5-31-2013

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:

CAROLYN LANDERS
40 AMARANT WAY
YERINGTON NV 89447

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20120301907-15 Filing Date and Time 04/27/2012 6:01 AM Entity Number C11966-2000
---	--

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 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 filing.

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license 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.
- ☐ 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.
- 001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME JIM G. LANDERS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
ADDRESS PO Box 826	CITY YERINGTON
	STATE NV
	ZIP CODE 89447
NAME VICKY PRINCE	TITLE(S) SECRETARY (OR EQUIVALENT OF)
ADDRESS PO Box 826	CITY YERINGTON
	STATE NV
	ZIP CODE 89447
NAME CAROLYN D. LANDERS	TITLE(S) TREASURER (OR EQUIVALENT OF)
ADDRESS PO Box 826	CITY YERINGTON
	STATE NV
	ZIP CODE 89447
NAME	TITLE(S) DIRECTOR
ADDRESS	CITY
	STATE
	ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied 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.

X 
Signature of Officer

Title
TREASURER

Date
4/27/12

Nevada Secretary of State Annual List Profit
Revised 3-9-12

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

WASTEWATER SOLIDS MANAGEMENT INC

NAME OF CORPORATION


FOR THE FILING PERIOD OF 5/1/13 TO 5/31/14

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:

MARK ARRIGHI
PO BOX 1457
VERINGTON NV 89447

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20130281236-78
	Filing Date and Time 04/26/2013 5:48 AM
	Entity Number C11966-2000

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.

- 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.**
- If there are additional officers, attach a list of them to this form.
- 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.
- 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.
- 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.
- 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 CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: **NRS 76.020 Exemption Codes**
001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.
- ☐ 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.
- ☐ 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 Jim G. Landers	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
ADDRESS PO Box 826	CITY VERINGTON
	STATE NV
	ZIP CODE 89447
NAME Vicky Prince	TITLE(S) SECRETARY (OR EQUIVALENT OF)
ADDRESS PO Box 826	CITY VERINGTON
	STATE NV
	ZIP CODE 89447
NAME CAROLYN D. LANDERS	TITLE(S) TREASURER (OR EQUIVALENT OF)
ADDRESS PO Box 826	CITY VERINGTON
	STATE NV
	ZIP CODE 89447
NAME	TITLE(S) DIRECTOR
ADDRESS	CITY
	STATE
	ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledges that pursuant to NRS 228.330, 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

Title
TREASURER

Date
4/26/13

Nevada Secretary of State Annual List Profit
Revised 3-9-12



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-6708
Website: www.nvsos.gov



181002

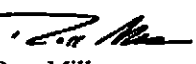
Statement of Change of Registered Agent by Represented Entity

(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>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

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

1. Name of Represented Entity:

WASTEWATER SOLIDS MANAGEMENT INC

2. Entity File Number: C-11966-2000

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:

MARK ARRIGHI

Name

14 South MAIN ST

Street Address

YERINGTON

City

Nevada

89447

Zip Code

PO Box 8457

Mailing Address (if different from street address)

YERINGTON

City

Nevada

89447

Zip Code

c) Title of Office or Other Position within Represented Entity:

Name of Title or Position

Street Address

City

Nevada

Zip Code


Mailing Address (if different from street address)

City

Nevada

Zip Code

5. Signature of Represented Entity: (required)

X  Zander

Authorized Signature

4/24/13

Date

6. Registered Agent Acceptance: (required)

I hereby accept appointment as Registered Agent for the above named Entity.

X 

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

5/7/13

Date

FEE: \$60.00

This form must be accompanied by appropriate fees.

Nevada Secretary of State Form RA Change by Entity
Effective 6-13-10

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

WasteWater Solids Management INC
NAME OF CORPORATION

ENTITY NUMBER

C11966-2000

FOR THE FILING PERIOD OF 05/2014 TO 05/2015



100101


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.

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 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 filing.

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20140250736-90 Filing Date and Time 04/03/2014 8:06 AM Entity Number C11966-2000
---	--

ABOVE SPACE IS FOR OFFICE USE ONLY

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license 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.

001 - Governmental Entity

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 Jim G. Landers		TITLE(S) PRESIDENT (OR EQUIVALENT OF)	
ADDRESS PO Box 826	CITY Yerington	STATE NV	ZIP CODE 89447
NAME Vicky Prince		TITLE(S) SECRETARY (OR EQUIVALENT OF)	
ADDRESS PO Box 826	CITY Yerington	STATE NV	ZIP CODE 89447
NAME Carolyn D. Landers		TITLE(S) TREASURER (OR EQUIVALENT OF)	
ADDRESS PO Box 826	CITY Yerington	STATE NV	ZIP CODE 89447
NAME 		TITLE(S) DIRECTOR	
ADDRESS 	CITY 	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 knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X 
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 MANAGEMENT, INC.

C11966-2000

NAME OF CORPORATION

FOR THE FILING PERIOD OF MAY, 2015 TO MAY, 2016



100102

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvelli.verifume.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.**
- If there are additional officers, attach a list of them to this form.
- 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.
- 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.
- 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.
- 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.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20150237161-88 Filing Date and Time 05/27/2015 10:35 AM Entity Number C11966-2000
--	---

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

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ 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 attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

☐ 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.

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 008 - NRS 680B.020 Insurance Co.

NAME JIM G LANDERS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)		
ADDRESS PO BOX 826 , USA	CITY YERINGTON	STATE NV	ZIP CODE 89447
NAME VICKY PRINCE	TITLE(S) SECRETARY (OR EQUIVALENT OF)		
ADDRESS PO BOX 826 , USA	CITY YERINGTON	STATE NV	ZIP CODE 89447
NAME CAROLYN D LANDERS	TITLE(S) TREASURER (OR EQUIVALENT OF)		
ADDRESS PO BOX 826 , USA	CITY YERINGTON	STATE NV	ZIP CODE 89447
NAME JIM G LANDERS	TITLE(S) DIRECTOR		
ADDRESS PO BOX 826 , USA	CITY YERINGTON	STATE NV	ZIP CODE 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 filing in the Office of the Secretary of State.

X VICKY PRINCE

Signature of Officer or
Other Authorized Signature

Title
CORPORATE SECRETARY

Date
5/27/2015 10:35:26 AM

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

ENTITY NUMBER

WASTEWATER SOLIDS MANAGEMENT, INC.

C11966-2000

NAME OF CORPORATION

FOR THE FILING PERIOD OF MAY, 2016 TO MAY, 2017



100103

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsliverfilume.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.**
- If there are additional officers, attach a list of them to this form.
- 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.
- 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.
- Make your check payable to the Secretary of State.
- 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.
- 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.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20160189925-13 Filing Date and Time 04/27/2016 5:09 PM Entity Number C11966-2000
--	--

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

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license 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.
☐ 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 JIM G LANDERS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
ADDRESS PO BOX 826 , USA	CITY YERINGTON
	STATE NV
	ZIP CODE 89447
NAME VICKY PRINCE	TITLE(S) SECRETARY (OR EQUIVALENT OF)
ADDRESS PO BOX 826 , USA	CITY YERINGTON
	STATE NV
	ZIP CODE 89447
NAME CAROLYN D LANDERS	TITLE(S) TREASURER (OR EQUIVALENT OF)
ADDRESS PO BOX 826 , USA	CITY YERINGTON
	STATE NV
	ZIP CODE 89447
NAME JIM G LANDERS	TITLE(S) DIRECTOR
ADDRESS PO BOX 826 , USA	CITY YERINGTON
	STATE NV
	ZIP CODE 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 filing in the Office of the Secretary of State.

X VICTORIA E PRINCE

Signature of Officer or
Other Authorized Signature

Title
CORPORATE SECRETARY

Date
4/27/2016 5:09:49 PM

Nevada Secretary of State List Profit
Revised: 7-1-15

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



JODI JERICH
Executive Director

PATRICIA L. BARFIELD
Director
Corporations Division

RECEIVED

OCT 24 2016

ARIZONA CORPORATION COMMISSION

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:

✓ Attach 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))

Pls send copy to
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>.

added attached
Pursuant to A.R.S. 10-1503 & 10-11503, please attach a copy of the 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 authentication (certification) must be dated within sixty (60) days of delivering the Application to the Corporation Commission.

added attached
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.

