



LOUISIANA PUBLIC SERVICE COMMISSION

PO Box 91154; Baton Rouge, LA 70821

(888) 342-5717 or (225) 342-4439

5-35859

**APPLICATION FOR SIMPLE NAME CHANGE
FOR ALL MOTOR CARRIERS**

BUSINESS ENTITY- APPLICANT INFORMATION

Section 1

Current Name as listed on the Certificate or Permit: (Including any doing business as "dba" name)

Heckmann Water Resources (CVR) Inc.

DBA:

Business Entity's Authorized Representative:

Eric Bauer

The LPSC Certificate and/or Permit number(s) involved in this request is (are):

7412-A & 7438-A

Business Address:

11111 Katy Frwy., Ste. 1006

City:

Houston

State:

TX

ZIP Code:

77079

Mailing Address:

11111 Katy Frwy., Ste. 1006

City:

Houston

State:

TX

ZIP Code:

77079

Telephone # (Include Area Code)

832-539-4701

Fax # (Include Area Code)

832-384-8493

Cell # (Include Area Code)

Email Address

carly.pitre@nuverra.com

FEIN #:

2 0 - 2 2 9 1 7 9 5

OR

SS#

- - - - -

Provide the new name you want on your LPSC certificate:

Heckmann Water Resources (CVR) Inc. dba Nuverra Environmental Solutions

Has there been any change in ownership since the certificate was granted?

☒ NO

☐ YES*

*If you answered yes above you must also complete the proper change of ownership form in addition to this form.

Provide reasons for the requested name change:

Requested as part of a settlement with the commission (LPSC).

RECEIVED
JAN 27 2021

LA. PUBLIC SERVICE COMMISSION
TRANSPORTATION

BANKRUPTCY, LEVY AND RECEIVERSHIP INFORMATION

Section 2

(If additional space is needed, attach a separate sheet for each response)

1. Is the certificate holder current with inspection and supervision fee reports and payments with the Louisiana Department of Revenue?

☐ NO
☒ YES

*Copies of the Certificate or Permit Holder's last 4 quarters of Quarterly Inspection & Supervision Reports filed with the LDR along with proof of payments MUST be attached to this application as **Exhibit "A"**.*

2. Is the common carrier certificate or contract carrier permit pledged or otherwise encumbered?

☒ NO
☐ YES*

*If you answered yes to number 2, give the names and addresses of those whose favor the authority is encumbered:

3. Does the Louisiana Department of Revenue and taxation hold a levy against this the common carrier certificate or contract carrier permit?

☒ NO
☐ YES*

*If you answered yes to number 3, attach a copy of the Notice of Levy to this application as an **Exhibit**

4. Are there any other levies against the common carrier certificate or contract carrier permit?

☒ NO
☐ YES*

*If you answered yes to number 4, attach copies of the levies to this application as an **Exhibit** and list the names and addresses of parties holding the levies; the nature of the levies and amount(s) claimed under each levy below.

5. Is the applicant involved in any bankruptcy proceeding?

☒ NO
☐ YES*

*If you answered yes to number 5, attach a copy of the Notice of Bankruptcy to this application as an **Exhibit** and list the name(s) of counsel for the party(s) with an interest in the common carrier certificate or contract carrier permit below:

VERIFICATION

Section 3

STATE OF Texas PARISH/COUNTY OF Harris

BEFORE ME, the undersigned authority, Eric Bauer (Applicant as Authorized Representative) who represents Heckmann Water Resources (CVR) Inc. dba Nuvema Environmental Solutions (Business Entity) personally came and appeared, who, after being duly sworn, did depose and say that he/she is the APPLICANT in the above application; that he/she desires a name change in its Common Carrier Certificate or Contract Carrier Permit, he/she represents that the foregoing responses are good, true, and accurate. Applicant acknowledges that should any response be shown to have been either a negligent or intentional misrepresentation of the facts, action taken by the Louisiana Public Service Commission in reliance of the responses contained herein may be declared void ab initio and revocable upon complaint by any interested party or by ex parte motion of the Louisiana Public Service Commission. And understands that the information contained in this application may be shared with the Louisiana Department of Revenue for purposes of Inspection and Supervision Fees.

Applicant's signature reflects an understanding of the consequences attributable to misstatements or misrepresentations of fact.

SWORN TO AND SUBSCRIBED before me this 21st day of January 2021

Eric Bauer

PRINTED NAME OF APPLICANT

[Signature]

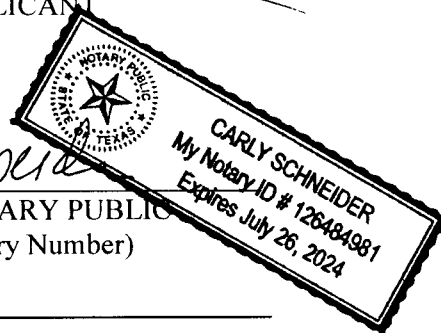
SIGNATURE OF APPLICANT

Carly Schneider

PRINTED NAME OF NOTARY PUBLIC

Carly Schneider

SIGNATURE OF NOTARY PUBLIC
(including Notary Number)



LPSC OFFICE USE ONLY

Accepted by Staff

[Signature]

Date

1-27-2021

DOCKET #

S-35859

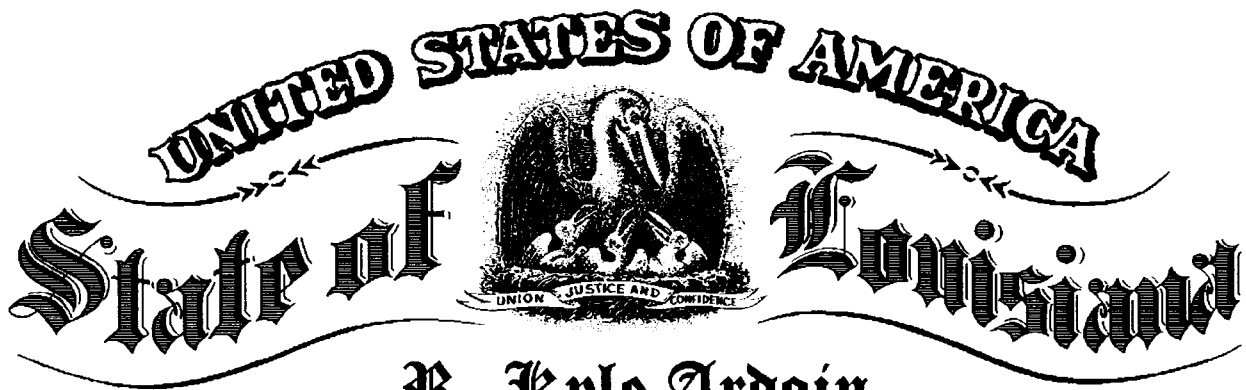
PUBLISHED IN BULLETIN #

1238

ON

2-5-2021

Date



R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

HECKMANN WATER RESOURCES (CVR), INC.

A corporation domiciled in AUSTIN, TEXAS,

Filed charter and qualified to do business in this State on November 24, 2010,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

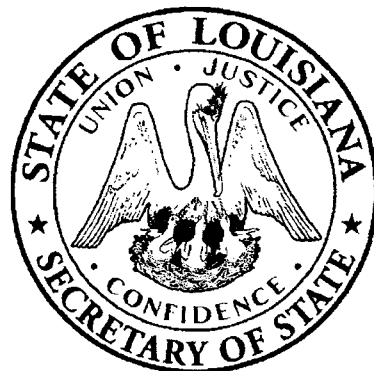
I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 8, 2021

Secretary of State

Web 40359249F



Certificate ID: 11320004#3PK73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.

www.sos.la.gov

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State



A stylized, handwritten signature of Ruth R. Hughs in black ink.

Ruth R. Hughs
Secretary of State

Form 643
(Revised 01/06)

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709

Filing Fee: See instructions



Certificate of Conversion
of a
Limited Partnership
Converting
to a
Corporation

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas
SEP 15 2008
Corporations Section

The name of the converting limited partnership is:

Complete Vacuum and Rental, LP

The jurisdiction of formation of the limited partnership is:

Formation document filed simultaneously with

The date of formation of the limited partnership is: Certificate of Conversion

The file number, if any, issued to the limited partnership by the secretary of state is: See above

The limited partnership named above is converting to a: ☒ for-profit corporation
☐ professional corporation ☐ nonprofit corporation. The name of the corporation is:

Complete Vacuum and Rental, Inc.

The corporation will be formed under the laws of: the State of Texas

☒ The plan of conversion is attached.

If the plan of conversion is not attached, the following statements must be completed.

☐ Instead of attaching the plan of conversion, the limited partnership certifies to the following statements:

A signed plan of conversion is on file at the principal place of business of the limited partnership, the converting entity. The address of the principal place of business of the partnership is:

Street or Mailing Address City State Country Zip Code

A signed plan of conversion will be on file after the conversion at the principal place of business of the corporation, the converted entity. The address of the principal place of business of the corporation is:

Street or Mailing Address City State Country Zip Code

A copy of the plan of conversion will be furnished on written request without cost by the converting

entity before the conversion or by the converted entity after the conversion to any owner or member of the converting or converted entity.

Certificate of Formation for the Converted Entity

☒ The converted entity is a Texas corporation. The certificate of formation of the Texas corporation is attached to this certificate either as an attachment or exhibit to the plan of conversion, or as an attachment or exhibit to this certificate of conversion if the plan has not been attached to the certificate of conversion.

Plan of Conversion

The plan of conversion has been approved as required by the laws of the jurisdiction of formation and the governing documents of the converting entity.

Effect

A. ☒ This document becomes effective when the document is accepted and filed by the secretary of state.

B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____

C. ☐ This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 8/22/08

Steve Wilentz II president

Signature and title of authorized person on behalf of the
converting entity

**COMPLETE VACUUM AND RENTAL, LP
PLAN OF CONVERSION TO CORPORATION**

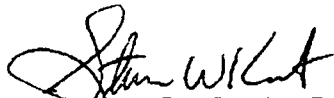
1. The respective names of the converting and converted entities are:
Converting Entity: Complete Vacuum and Rental, LP
Converted Entity: Complete Vacuum and Rental, Inc.
2. Complete Vacuum and Rental, LP is continuing its existence in the organizational form of Complete Vacuum and Rental, Inc., a Texas Corporation.
3. The converted entity is to be a Corporation that will be organized under the laws of Texas.
4. The partnership interests held by the partners in the converting entity, Complete Vacuum and Rental, LP, will be converted to shares in the converted entity, Complete Vacuum and Rental, Inc., as follows:

<u>Name of Partner</u>	<u>Percentage Interest in Partnership</u>	<u>Number of Shares In Converted Entity</u>
Steve Kent	37.5%	1000
Joseph Kent	25%	1000
Jana Kent	37.5%	1000


5. Jana Kent, who serves as general partner of the converting entity, Complete Vacuum and Rental, LP, will be designated as manager of the converted converted entity, Complete Vacuum and Rental, Inc.
6. This plan of conversion is adopted under the authority of the *Right to Convert Amendment to the Agreement of Partnership of Complete Vacuum and Rental, LP*, and Section 11.6 of said agreement.

Executed in multiple counterparts, at the office of Complete Vacuum & Rental, L.P. at 1607 NE Loop, Carthage, Texas, by the Partners of Complete Vacuum and Rental, LP, on the date indicated with their respective signatures below.

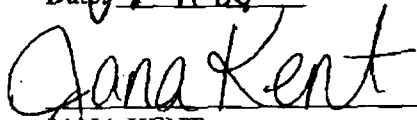
PARTNER:


STEVE KENT
Date: 8-19-08

PARTNER:


JOSEPH KENT
Date: 8-19-08

PARTNER:


JANA KENT
Date: 8-19-08

**Form 201
(Revised 1/06)**

Return in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
 FAX: 512/463-5709
 Filing Fee: \$300



**Certificate of Formation
 For-profit Corporation**

This space reserved for office use.

FILED
 In the Office of the
 Secretary of State of Texas

SEP 15 2008

Corporations Section

The filing entity being formed is a for-profit corporation. The name of the entity is:

Complete Vacuum and Rental, Inc.

The name must contain the word "corporation," "company," "incorporated," "limited" or an abbreviation of one of these terms.

☐ A. The initial registered agent is an organization (cannot be entity named above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Steve		Kent	
First Name	M.I.	Last Name	Suffix

C. The business address of the registered agent and the registered office address is:

1607 NE Loop	Carthage	TX	75633
Street Address	City	State	Zip Code

The number of directors constituting the initial board of directors and the names and addresses of the person or persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualified are as follows:

Director 1				
Steven		Kent	II	
First Name	M.I.	Last Name	Suffix	
1607 NE Loop	Carthage	TX	75633	USA
Street or Mailing Address	City	State	Zip Code	Country

Director 2				
Joseph		Kent		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
1607 NE Loop	Carthage	TX	75633	USA
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

Director 3				
Jana		Kent		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
1607 NE Loop	Carthage	TX	75633	USA
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

The total number of shares the corporation is authorized to issue is: 3000

☒ A. The par value of each of the authorized shares is: \$1.00

OR

☐ B. The shares shall have no par value.

If the shares are to be divided into classes, you must set forth the designation of each class, the number of shares of each class, the par value (or statement of no par value), and the preferences, limitations, and relative rights of each class in the space provided for supplemental information on this form.

The purpose for which the corporation is formed is for the transaction of any and all lawful business for which a for-profit corporation may be organized under the Texas Business Organizations Code.

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

1. The entity being formed / the newly converted entity -- Complete Vacuum and Rental, Inc. -- is formed/converted under a plan of conversion, which is has been filed with the Office of the Secretary of State, for the State of Texas ("TX SOS"), and a copy of which is attached hereto.

2. As set forth in the Certificate of Conversion filed with the TX SOS, the converting / prior entity is: Complete Vacuum and Rental, LP; a limited partnership; located at 1607 N.E. Loop, Carthage, Texas, 75633, USA; the Certificate of Formation for which was filed with the TX SOS on September 15, 2008; formed under the laws of the State of Texas.

The name and address of the organizer:

Eric E. Wolfgang

Name

901 Main Street, Suite 4100

Dallas

TX

75202

Street or Mailing Address

City

State

Zip Code

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
- The following event or fact will cause the document to take effect in the manner described below:

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 9/15/08

Eric Wolfgang
Signature of organizer

Attorney-In-Fact for
Complete Vacuum & Rental, Inc.
and Steve Kent, Jr., shareholder

Form 424
(Revised 01/06)

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: See instructions

FILED
In the Office of the
Secretary of State of Texas
JUL 20 2009
Corporations Section

Entity Information

The name of the filing entity is:

Complete Vacuum and Rental, Inc.

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

☒ **For-profit Corporation**

☐ Professional Corporation

☐ Nonprofit Corporation

☐ Professional Limited Liability Company

☐ Cooperative Association

☐ Professional Association

☐ Limited Liability Company

☐ Limited Partnership

The file number issued to the filing entity by the secretary of state is: 801028941

The date of formation of the entity is: September 15, 2008

Amendment

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or

RECEIVED

JUL 20 2009

Secretary of State

provision is amended to read as follows:

—

—

—

—

—

Registered Agent
(Complete either A or B, but not both. Also complete C.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
-------------------	-------------	------------------	---------------

C. The business address of the registered agent and the registered office address is:

<i>Street Address (No P.O. Box)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
		TX	

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

Pursuant to resolution, the board of directors consists solely of Steven Kent II, 1607 NE Loop, P.O. Box 630, Carthage, Texas 75633 and Jana Kent, 1607 NE Loop, P.O. Box 630, Carthage, Texas.

Delete each of the provisions identified below from the certificate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select one A, B, or C.)

- A.** This document becomes effective when the document is filed by the secretary of state.
- B.** This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C.** This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
- The following event or fact will cause the document to take effect in the manner described below:
- _____
- _____

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 7/17/09

Erin Walling, Esq.

Authorized Person

**Form 403
(Revised 01/08)**

Return in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
 FAX: 512/463-5709
 Filing Fee: \$15

**Certificate of Correction**

This space reserved for office use.

FILED
 In the Office of the
 Secretary of State of Texas

JUL 29 2009

Corporations Section**Entity Information**

1. The name of the filing entity is:

Complete Vacuum & Rental, Inc

State the name of the entity as currently shown in the records of the secretary of state. If the certificate of correction corrects the name of the entity, state the present name and not the name as it will be corrected.

The file number issued to the filing entity by the secretary of state is: 801028941**Filing Instrument to be Corrected**2. The filing instrument to be corrected is: Plan of Conversion to CorporationThe date the filing instrument was filed with the secretary of state: 08-22-08
mm/dd/yyyy**Identification of Errors and Corrections**

(Indicate the errors that have been made by checking the appropriate box or boxes; then provide the corrected text.)

☐ The entity name is inaccurate or erroneously stated. The corrected entity name is:☐ The registered agent name is inaccurate or erroneously stated. The corrected registered agent name is:

Corrected Registered Agent
 (Complete either A or B, but not both.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

First

Middle

Last Name

Suffix

☐ The registered office address is inaccurate or erroneously stated. The corrected registered office address is:

Corrected Registered Office Address

Street Address (No P.O. Box)	City	State	Zip Code
		TX	

☐ The purpose of the entity is inaccurate or erroneously stated. The purpose is corrected to read as follows:

☐ The period of duration of the entity is inaccurate or erroneously stated.
The period of duration is corrected to read as follows:

Identification of Other Errors and Corrections

(Indicate the other errors and corrections that have been made by checking and completing the appropriate box or boxes.)

☐ Other errors and corrections. The following inaccuracies and errors in the filing instrument are corrected as follows:

☒ Add Each of the following provisions was omitted and should be added to the filing instrument. The identification or reference of each added provision and the full text of the provision is set forth below.

☒ Alter The following identified provisions of the filing instrument contain inaccuracies or errors to be corrected. The full text of each corrected provision is set forth below:

Regarding the Plan of Conversion dated September 15, 2008, Complete Vacuum a.k.a. Inc. amends the number of shares in converted entity of redeemed share holder Joseph Kent, according to the attached document.

☐ Delete Each of the provisions identified below was included in error and should be deleted.

☐ **Defective Execution** The filing instrument was defectively or erroneously signed, sealed, acknowledged or verified. Attached is a correctly signed, sealed, acknowledged or verified instrument.

Statement Regarding Correction

The filing instrument identified in this certificate was an inaccurate record of the event or transaction evidenced in the instrument, contained an inaccurate or erroneous statement, or was defectively or erroneously signed, sealed, acknowledged or verified. This certificate of correction is submitted for the purpose of correcting the filing instrument.

Correction to Merger, Conversion or Exchange

The filing instrument identified in this certificate of correction is a merger, conversion or other instrument involving multiple entities. The name and file number of each entity that was a party to the transaction is set forth below. (If the space provided is not sufficient, include information as an attachment to this form.)

Complete Vacuum and Rental LP
Entity name

801028936
SOS file number

Complete Vacuum and Rental, Inc.
Entity name

801028941
SOS file number

Effectiveness of Filing

After the secretary of state files the certificate of correction, the filing instrument is considered to have been corrected on the date the filing instrument was originally filed except as to persons adversely affected. As to persons adversely affected by the correction, the filing instrument is considered to have been corrected on the date the certificate of correction is filed by the secretary of state.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 07/28/09

Ein Wolfgang
Authorized Agent and Attorney In Fact

Signature and title of authorized person (See instructions.)

**COMPLETE VACUUM AND RENTAL, INC.
AMENDED PLAN OF CONVERSION TO CORPORATION**

1. The respective names of the converting and converted entities are:
Converting Entity: Complete Vacuum and Rental, LP
Converted Entity: Complete Vacuum and Rental, Inc.
2. The converted entity is to be a Corporation that will be organized under the laws of Texas.
3. The former partnership interests held by Joseph Kent in the converting entity, Complete Vacuum and Rental, LP, will be corrected to properly indicate the appropriate converted shares in the converted entity, Complete Vacuum and Rental, Inc., as follows:

<u>Name of Partner</u>	<u>Number of Shares in Converted Entity</u>
Joseph Kent	250

4. Jana Kent, who serves as general partner of the converting entity, Complete Vacuum and Rental, LP, will be designated as manager of the converted entity, Complete Vacuum and Rental, Inc.
5. This amended plan of conversion is adopted under the authority of the *Right to Convert* Amendment to the Agreement of Partnership of Complete Vacuum and Rental, LP, and Section 11.6 of said agreement.

Executed in multiple counterparts, at the office of Complete Vacuum & Rental, L.P. at 1607 NE Loop, Carthage, Texas, by the Shareholders of Complete Vacuum and Rental, Inc., on the date indicated with their respective signatures below.

SHAREHOLDER:


STEVE KENT II

Date: 7-19-09

REDEEMED FORMER SHAREHOLDER:


JOSEPH KENT

Date: 7-19-09

SHAREHOLDER:


JANA KENT

TX2009 05-102
VER. 1.3 (Rev. 1-08/28)
Tcode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations or Limited Liability Companies (LLCS))
This report MUST be filed to satisfy franchise tax requirements

■ Taxpayer number
32038462894

■ Report year
2009

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name
COMPLETE VACUUM & RENTAL, INC.
Mailing address
1607 NE LOOP
City
CARTHAGE

State
TX

ZIP Code
75633

Plus 4

Secretary of State file number
or Comptroller file number

☐ Check box if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office
1607 NE LOOP, CARTHAGE, TX 75633
Principal place of business
1607 NE LOOP, CARTHAGE, TX 75633

Please sign below! Officer, director, and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3203846289409

SECTION A. Name, title, and mailing address of each officer, director, or member.

Name	Title	Director	Term expiration	State	ZIP Code
		<input type="checkbox"/> Yes			
Mailing address	City				
Name	Title	Director	Term expiration	State	ZIP Code
		<input type="checkbox"/> Yes			
Mailing address	City				
Name	Title	Director	Term expiration	State	ZIP Code
		<input type="checkbox"/> Yes			
Mailing address	City				

SECTION B. Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
NONE			
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

SECTION C. Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity.

Name of owning (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage Ownership
NONE			

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent:

Office:

City

State

ZIP Code

☐ Check box if you need forms to change the registered agent or registered office information.

The above information is required by Section 171.203 of Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

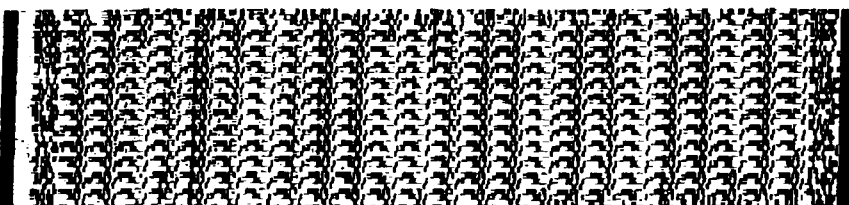
sign here

[Signature]

Title
PRESIDENT

Date
3-19-2010

Area code and phone number
903-694-9913



VE/DE ☐ PIR IND ☐



TX2009
VER. 1.305-102
(Rev. 1-08/28)

Tcode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations or Limited Liability Companies (LLCS))
This report MUST be filed to satisfy franchise tax requirementsTaxpayer number
32038462894Report year
2009

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name
COMPLETE VACUUM & RENTAL, INC.Mailing address
1607 NE LOOPCity
CARTHAGEState
TXZIP Code
75633

Plus 4

Secretary of State file number
or Comptroller file number☐ Check box if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office

1607 NE LOOP, CARTHAGE, TX 75633

Principal place of business

1607 NE LOOP, CARTHAGE, TX 75633

Please sign below! Officer, director, and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3203846289409

SECTION A. Name, title, and mailing address of each officer, director, or member.

Name	Title	Director <input type="checkbox"/> Yes	Term expiration	State	ZIP Code
			m m d d y y		
Mailing address	City				
Name	Title	Director <input type="checkbox"/> Yes	Term expiration	State	ZIP Code
			m m d d y y		
Mailing address	City				
Name	Title	Director <input type="checkbox"/> Yes	Term expiration	State	ZIP Code
			m m d d y y		
Mailing address	City				

SECTION B. Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
NONE			
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

SECTION C. Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity.

Name of owning (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage Ownership
NONE			

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent:

Office:

City

State

ZIP Code

☐ Check box if you need forms to change the registered agent or registered office information.

The above information is required by Section 171.203 of Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

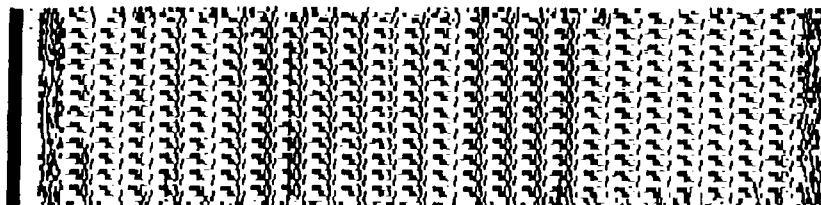
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign
hereTitle
PRESIDENT

Date

Area code and phone number

Texas Comptroller Official Use Only



VE/DE

O

PIR IND



EXHIBIT III 1032 P. 3/3

00007744918

Filing Number: 801028941

TX2010

VER. 1.0 05-102
(9-09/29)**TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT**

To be filed by Corporations, Limited Liability Companies (LLCS) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

32038462894

2010

Taxpayer name
COMPLETE VACUUM & RENTAL, INC.Mailing address
1607 NE LOOPCity
CARTHAGEState
TXZIP Code
75633

Plus 4

Secretary of State file number or
Comptroller file number

801028941

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

1607 NE LOOP, CARTHAGE, TX 75633

Principal place of business

1607 NE LOOP, CARTHAGE, TX 75633

Please sign below!

Officer, director, and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3203846289410

SECTION A Name, title and mailing address of each officer, director or member.

Name

Title

Director

m m d d y y

☐ Yes Term expiration

State

TX

ZIP Code
75633

STEVEN KENT II

PRESIDENT

Mailing address

1607 NE LOOP

Name

Title

Director

m m d d y y

☐ Yes Term expiration

State

TX

ZIP Code
75633

JANA KENT

VICE-PRESIDENT

Mailing address

1607 NE LOOP

Name

Title

Director

m m d d y y

☐ Yes Term expiration

State

ZIP Code

Mailing address

City

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

NONE

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

NONE

Registered agent and registered office currently on file. (See instructions if you need to make changes)

☐ Check box if you need forms to change the registered agent or registered office information.

Agent:

City

State

ZIP Code

Office:

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here

Title

PRESIDENT

Date

9/13/10

Area code and phone number

903.694.9913

Texas Comptroller Official Use Only

VE/DE

O

PIR IND

O



1032

Registered Agent
(Complete either A or B, but not both. Also complete C.)

☒ A. The registered agent is an organization (cannot be entity named above) by the name of:

C T Corporation System

OR

☐ B. The registered agent is an individual resident of the state whose name is:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.			

C. The business address of the registered agent and the registered office address is:

350 N. St. Paul Street, Suite 2900	Dallas	TX	75201-4234
<i>Street Address (No P.O. Box)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

☐ Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

☐ Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

☐ Delete each of the provisions identified below from the certificate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
- The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: March 7, 2011

By: _____
Signature of authorized person
Damian C. Georgino, Vice President
Printed or typed name of authorized person (see instructions)

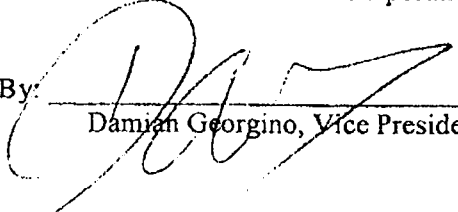
80136519

CONSENT TO USE OF NAME
Heckmann Water Resources Corporation

Heckmann Water Resources Corporation, a corporation organized under the laws of the state of Texas, hereby consents to the formation of Heckmann Water Resources (CVR), Inc., in the state of Texas.

IN WITNESS WHEREOF, the undersigned has caused this consent to be executed this 2nd day of March, 2011.

Heckmann Water Resources Corporation

By: 
Damian Georgino, Vice President

Form 503
(Revised 09/09)

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: \$25



Assumed Name Certificate

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

APR 07 2011

Corporations Section

Assumed Name

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: HWR

Entity Information

2. The legal name of the entity filing the assumed name is:

Heckmann Water Resources (CVR), Inc.

State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

- | | |
|--|--|
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Cooperative Association |
| <input type="checkbox"/> Other | |

Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.

4. The file number, if any, issued to the entity by the secretary of state is: 801028941

5. The state, country, or other jurisdiction of formation of the entity is: Texas

6. The registered office or similar office address of the entity in its jurisdiction of formation is:

350 N. St. Paul Street, Suite 2900

Street Address

Dallas, TX 75201-4234

USA

City

State

Country

Zip or Postal Code

7. The entity's principal office address in Texas is: (See instructions.)

1607 NE Loop, Carthage

TX 75633

Street Address

City

Zip or Postal Code

8. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

Street Address

City

State

Zip or Postal Code

Form 503

4

RECEIVED

APR 07 2011

Secretary of State

Period of Duration

☒ 9a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

☐ 9b. The period during which the assumed name will be used is _____ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

☐ 9c. The assumed name will be used until _____ (not to exceed 10 years).
mm/dd/yyyy

County or Counties in which Assumed Name Used

10. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

☒ All counties

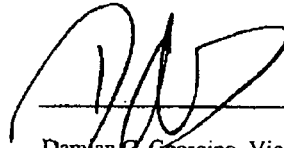
☐ All counties with the exception of the following counties: _____

☐ Only the following counties: _____

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: March 31, 2011



Danian C. Georgino, Vice President & Secretary

Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)