00009360178

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

VER. 2.0 05-102

TX2011

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

Filing Number: 801028941

(9-09/29)

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

■ Tcode 13196							. "
■ Taxpayer number		Report year		ve certain rights u request, and correct in		nd 559, Government Code,	
32038462894		2011	Contact u	s at: (512) 463-4600, o	r (800) 252-1381, to	oll free nationwide.	
Taxpayer name COMPLETE VACUUM & RENTAL, I Mailing address	NC.				Secretary o	f State file number or	
525 PARKS DRIVE	I State		ZIP Code	Plus 4	Comptroiler	file number	
FRIERSON	State LA		71037	1 103 4	8010289	41	
Check box if there are currently no changes from pre	vious year; if no inform	nation is display	ed, complete the a	pplicable information i	n Sections A, B and	d C.	
525 PARKS DRIVE, FRIERSON, Principal place of business					 		
525 PARKS DRIVE, FRIERSON, Please sign below! Officer, director, and members.		ted as of the dal	e a Public Inform	ation			
Report is completed. The ir report. There is no requirer officers, directors, or members	nformation is updated a ment or procedure for si	innually as part outpole in the property of th	of the franchise ta		3203	846289411	
SECTION A Name, title and mailing add		er, director o	r member.	I Division			
Name	Title				erm	nmaayy	
STEVEN KENT II Mailing address	PRES City	SIDENT		, <u> </u>	piration ate	IZIP Code	
525 PARKS DRIVE	FRIER	SON			LA	71037	
Name	Title			Director Te	erm l	n nddy y	
JANA KENT Mailing address	VICE City	E-PRESID	ENT	•	piration ate	IZIP Code	_
525 PARKS DRIVE	FRIER	SON		•	LA	71037	
Name	Title			Director Te	erm _I	m d d y y	
Mailing address	City			. —	piration ate	ZIP Code	
SECTION B Enter the information required for	each corporation or 11 C	C. if any, in which	h this entity owns	an interest of ten perce	ent (10%) ar mare.	i	
Name of owned (subsidiary) corporation or limited liability		State of forma		Texas SOS file no		Percentage of Ownership	
NONE Name of owned (subsidiary) corporation or limited liability	company	State of forma	tion	Texas SOS file nu	ımber, if any	Percentage of Ownership	
SECTION C Enter the information required for	each corporation or LLC	, if any, that ow	ns an interest of t	en percent (10%) or m	ore in this entity		
Name of owned (parent) corporation or limited liability cor NONE	hрапу	State of forr	nation	Texas SOS file nu	mber, if any	Percentage of Ownership	
Registered agent and registered office currently on file. (Agent:	'See instructions if you	need to make ch	anges)		you need forms to ad agent or registere	change ed office information.	
Office:			City		State	ZIP Code	
The above information is required by Section 171.203 of the for Sections A, B, and C, in necessary. The information will			ed liability compan	y that files a Texas Fra	nchise Tax Report. (Use additional sheets	
I declare that the informar on in this document and any at been mailed to each person ramed in this report who is a	·	•	of my knowledge not currently emp	and belief, as of the da loyed by this, or a relati	te below, and that a	copy of this report has mited liability company.	1
sign - Anti	,	Title PRESIDI		Date 4-12-11		ode and phone number	
W The state of the	Texas Cor	- -41-1-100 444444	oni Official Use	trans i trans lituares per esta esta esta esta esta esta esta esta	1		
መ - ልነሴ. " ያሉ ተያለ ላይሮ. ነውን የ ፈና ዓመላ ለሌር ነው ነው ነው ተጋና	/ =_1\}#5" ##. ! =201	ω, ω, ε. ω, ε. «Ε.Γ.	407, -54; 1-64, 1467, 4		,_, _D _ _	DID IND	
				₩	'E/DE O	FIK IND O	
	(, a)(, a)(, a)(, a)(, a)(, a)(, a)(, a)			ik H			
18.6 (10.7	// """ ("" ("" ("" ("" ("" ("" ("" ("" (רושר ווער ווער	ביונור ונור ונור ונור	11. 45. £	48 [15 1 88) B1 7		41



Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 (Form 503) Filed in the Office of the Secretary of State of Texas Filing #: 801028941 5/29/2012 Document #: 423689600002 Image Generated Electronically for Web Filing

ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

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

COMPLETE VACUUM AND RENTAL, INC.

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

Heckmann Water Resources (CVR), Inc.

- 3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is <u>TEXAS</u> and the address of its registered or similar office in that jurisdiction is: <u>350 North St. Paul St.</u>, Ste. 2900, Dallas, TX, USA 75201-4234
- 4. The period, not to exceed 10 years, during which the assumed name will be used is : **10** year(s)
- 5. The entity is a : **Domestic For-Profit Corporation**
- 6. The entity's principal office address in Texas is:

350 N, ST PAUL STREET, SUITE 2900, DALLAS, TX, USA 75201-4234

- 7. 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:
- 8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

ALL COUNTIES

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Heckmann Water Resources (CVR), Inc.

Name of the entity

By: JOE GONZALEZ, AGENT

Signature of officer, general partner, manager, representative or attorney-in-fact of the entity

FILING OFFICE COPY



Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 (Form 503) Filed in the Office of the Secretary of State of Texas Filing #: 801028941 6/4/2012 Document #: 424468670002 Image Generated Electronically for Web Filing

ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

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

COMPLETE VACUUM AND RENTAL, INC

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

Heckmann Water Resources (CVR), Inc.

- 3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is <u>TEXAS</u> and the address of its registered or similar office in that jurisdiction is: **350 North St. Paul St., Ste. 2900, Dallas, TX, USA 75201-4234**
- 4. The period, not to exceed 10 years, during which the assumed name will be used is: **10** year(s)
- 5. The entity is a : **Domestic For-Profit Corporation**
- 6. The entity's principal office address in Texas is:

350 N ST PAUL STREET, SUITE 2900, DALLAS, TX, USA 75201-4234

- 7. 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:
- 8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

ALL COUNTIES

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Heckmann Water Resources (CVR), Inc.

Name of the entity

By: **J GONZALEZ, AGENT**

Signature of officer, general partner, manager, representative or attorney-in-fact of the entity

FILING OFFICE COPY

Form 623 (Revised 05/11)

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



Parent-Subsidiary Certificate of Merger **Business Organizations Code**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

JUN 2 6 2012

Corporations Section

Parties to the Merger

Pursuant to chapter 10 of the Texas Business Organizations Code, and the title applicable to each domestic filing entity identified below, the undersigned parties submit this certificate of merger.

The name, organizational form, and state of incorporation or organization, and file number, if any, issued by the secretary of state for the parent and subsidiary organization(s) are as follows:

Parent								
Heckmann Water R	esources (C	VR), Inc.						
Name of Organization							•	
The organization	isa <u>fo</u>	r profit corpor			It	is organized u	ınder the la	ws of
T		ecify organizatio						
Texas State	USA		1	ie file num	iber, if any, is			
If not a domestic		registered	or princip	oal office a	ddress in its j	urisdiction of	of State file mu formation	nber is:
Street Address					City		State	Country
Subsidiary 1								
Heckmann Water Re	esources (E.	calibur), Inc.						
Name of Organization								
The organization		r profit corpor			It	is organized u	nder the la	ws of:
0111		ecify organizatio						
Oklahoma Siate	USA		Tr	ie file num	iber, if any, is			
If not a domestic	Country entity, its	registered o	or princip	al office a	ddress in its j	Texas Secretary urisdiction of	of State file mul formation	nber İS:
1833 South Morgan	Road,				Oklahom	a City	OK	USA
Street Address			_		City		State	Country
The number of or of ownership inte	utstanding crests of e	; ownership ach class or	interests series ov	of each clivned by the	ass or series a e parent orga	and the number mization are as	er and perce follows:	entage
Number of ownership i				Series	_	ned by parent	Percentag	ze Owned
500		Co	mmon		500	• •	100%	,
☐ The organiza	tion will s	survive the i	merger.	X T	he organizati	on will not su	rvive the n	nerger.
Subsidiary 2								
Name of Organization The organization	is a.	· · · · · · · · · · · · · · · · · · ·			Ye :	is organized u	nder the le	nn of
The organization		ecify organization	nai form (e.g.,	for-profit corp		is organized u	naci die 18.	M2 01:
CÉNED	·		u	5	ŕ	-1		(4) H (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
CÉIVED	S _i	ecify organization	nai form (e.g.,	· · · ·	oration)	1		(ተ፡) ካ - ፕ

JUN 26 2012

The file number, if any, is:
State Country Texas Secretary of State file number If not a domestic entity, its registered or principal office address in its jurisdiction of formation is:
Street Address City State Country The number of outstanding ownership interests of each class or series and the number and percentage of ownership interests of each class or series owned by the parent organization are as follows:
Number of ownership interests outstanding Class Series Number owned by parent Percentage Owned
The organization will survive the merger. The organization will not survive the merger. Subsidiary 3
Name of Organization The organization is a: It is organized under the laws of: Specify organizational form (e.g., for-profit corporation)
State Country Texas Secretary of State file number If not a domestic entity, its registered or principal office address in its jurisdiction of formation is:
Street Address City State Country The number of outstanding ownership interests of each class or series and the number and percentage of ownership interests of each class or series owned by the parent organization are as follows: Number of ownership interests outstanding Class Series Number owned by parent Percentage Owned
☐ The organization will survive the merger. ☐ The organization will not survive the merger.
Resolution of Merger
A copy of the resolution of merger is attached.
The attached resolution was adopted and approved by the governing authority of the parent organization as required by the laws of its jurisdiction of formation and by its governing documents.
The resolution was adopted by the parent organization on May 25, 2012
Organizations Created by Merger
The name, jurisdiction of organization, principal place of business address, and entity description of each entity or other organization to be created pursuant to the resolution of merger are set forth below. The certificate of formation of each new domestic filing entity to be created is being filed with this certificate of merger.
Name of New Organization I Jurisdiction Entity Type (See instructions)
Principal Place of Business Address City State Zip Code

Name	of New Organization 2	Juri	sdiction	Entity Type (See instructions)					
Princi	pal Place of Business Address	City		State Zip Code					
Name	of New Organization 3	Juri	sdiction	Entity Type (See Instructions)					
Princip	pal Place of Business Address	City	A	State Zip					
Effectiveness of Filing (Select either A, B, or C.)									
A. X 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									
	late of signing. The delayed effective date is:	te, winch is not	more man	inety (90) days from					
C. [C. This document takes effect on the occurrence of the future event or fact, other than the passage of time. The 90 th day after the date of signing is:								
The following event or fact will cause the document to take effect in the manner described below:									
	Tax Certificate								
	Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid by the non-surviving filing entity.								
\boxtimes	In lieu of providing the tax certificate, one or more of the surviving, acquiring or newly created organizations will be liable for the payment of the required franchise taxes.								
	Execu	tion							
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code, or other law applicable to and governing the parent organization, to execute the filing instrument.									
Date	e: May 25, 2012								
	and the second s	kmann Water Reso	urces (CVR),	Inc.					
	$\langle \cdot \cdot \cdot \rangle$								
	1	able of authorized perso							
		vilar C. Georgino, V							

UNANIMOUS WRITTEN CONSENT OF THE BOARD OF DIRECTORS OF HECKMANN WATER RESOURCES (CVR), INC.

The undersigned, being all of the members of the board of directors (the "Board") of Heckmann Water Resources (CVR), Inc., a Texas corporation (the "Corporation"), do hereby waive the holding of a meeting, and notice thereof, and consents to and adopts the following resolutions by written consent pursuant to the provisions of Section 6.201 of the Business Organizations Code of the State of Texas, as amended, (the "Code"), effective as of May 25, 2012:

I. APPROVAL OF MERGER

WHEREAS, the Corporation desires to effect a short-form merger of its wholly-owned subsidiary, Heckmann Water Resources (Excalibur), Inc., an Oklahoma corporation ("Excalibur"), with and into it, whereby the Corporation shall be the surviving entity (the "Merger"), pursuant to Section 10.006 of the Code, and Section 1083 of the Oklahoma General Corporation Act, as amended, in each case, as applicable;

WHEREAS, the Board has determined that the consummation and performance of the Merger are desirable and in the best interests of the Corporation.

NOW, THEREFORE, BE IT RESOLVED, that the Merger presented to and heretofore reviewed by the Board be, and it hereby is, approved and authorized, and in connection therewith, that any officer of the Corporation (each, a "Designated Officer" and together, the "Designated Officers"), be, and hereby is, authorized, empowered and directed to execute and deliver, on behalf of the Corporation, a certificate of merger (the "Certificate of Merger"), in substantially the form previously presented to and heretofore reviewed by the Board, together with such changes, additions and omissions thereto as the Board shall approve, such approval to be evidenced conclusively by the Board's execution and delivery of the Certificate of Merger for filing with the Secretary of State of the State of Texas, and the State of Oklahoma, as applicable, and such other states as necessary and required, and such changes, additions and omissions are hereby further authorized and approved;

FURTHER RESOLVED, that any Designated Officer be, and hereby is, authorized, empowered and directed to do all such acts and things, and to execute and deliver on behalf of the Corporation any and all other documents, certificates and instruments any Designated Officer deems necessary or advisable to consummate the Merger, including, but not limited to, the filing of the Certificate of Merger and these resolutions with each of the Secretary of State of the State of Texas, and the State of Oklahoma, as applicable.

II. GENERAL AUTHORITY

RESOLVED, that any and all action heretofore taken by any Designated Officer within the terms of any of the foregoing resolutions is hereby ratified and confirmed as the act and deed of the Corporation;

FURTHER RESOLVED, that the Board be, and hereby is, authorized, empowered and directed to take such other action as may be necessary or advisable to carry out the intent and purposes expressed in the foregoing resolutions; and

FURTHER RESOLVED, that this written consent, as executed by the undersigned, may be transmitted by facsimile machine, portable document format (.pdf) or any other electronic means and shall be treated in all manners and respects as an original document and an original signature.

[Remainder of this page intentionally left blank. Signature page follows.]

IN WITNESS WHEREOF, the undersigned, being all of the members of the Board of the Corporation, has executed this written consent as of the date first set forth above.

Form 424 (Revised 05/11)

Submit in duplicate to Secretary of State P O Box 13697 Austin, 1X 78711-3697 512 463 5555 FAX 512/463-5709 Filing Fee Sec instructions



Certificate of Amendment

This space reserved for office use

FILED
In the Office of the
Secretary of State of Texas

OCT 1 8 2012

Corporations Section

Entity Information

The name of the filing entity is						
Heckmann Water Resources (CVR) Inc						
State the name of the entity as currently shown of the entity state the old name and not the new	in the records of the secretary of state. If the amendment changes the name					
The filing entity is a (Select the appropriate chain type below)						
➤ For profit Corporation						
☐ Nonprofit Corporation ☐ Professional Limited Liability, Company						
Cooperative Association	Professional A sociation					
Limited Linbility Company	☐ Limited Pirtnership					
The file number issued to the filing ent	its by the secretary of state is 801028941					
The date of formation of the entity is	The date of formation of the entity is Scottember 15 2008					
	Amendments					
(If the purpose of the contribute of anic	J Amended Name and the entity use the following statement)					
The amendment changes the certificate of formation to change the article or provision that names the tiling 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 organization	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 provision is amended to read as follows:

Form 424

TX-003BCK 06/11/2011 CT yarm Orlan

RECEIVED

OCT 18 2012
Secretary of State

Registered Agent (Complete either A or B but not both Also complete C) A The registered agent is an organization (cannot be untity named above) by the name of B The registered agent is an individual resident of the state whose name is First Vanne Lasi Vame The person executing this institument 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 Sueel Address (No P O Box) (IIV 71p Code 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 By resolution of stockholder the current directors are Charles R. Gordon. Damian C. Georgino and W. Christopher By resolution of the directors the current officers of the corporation are is listed on the attached Addendum incorporated herein by reference 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 Ruterance to Stavan Kent II as President and Jana Kent as Vice President (update 7/15/2011) and to Staven Kent II and Jana Kent as directors on Certificate of Amendment to Certificate of Formation filed 7'20/2009

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

Form 424

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

A X This document becomes effective when	the document is filed by the secretary of state					
B [] This document becomes effective at a la	ater date, which is not more than ninety (90) days from					
the date of signing. The delayed effective date is						
C I his 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						
1 -	5					
The undersigned signs this document subject	Execution to the penalties imposed by law for the submission of a certifies under penalty of perjury that the undersigned is ing the entity to execute the filing instrument					
Date September 21 2012						
Ву	Heckmann Water Resources (CVR) Inc					
	See D Haubon					
	Signature of authorized purson					
	Se in D. Hawkins. Vice President and Secretary					
	Printed or typed name of authorized person (see instructions)					

ADDENDUM HECKMANN WATER RESOURCES (CVR), INC

NAME	OFFICER POSITION(S)

Charles R Gordon Chairman, Chief Executive Officer and

President

Damian C Georgino Vice President, Assistant Secretary and

Assistant Treasurer

W Christopher Chisholm Vice President, Assistant Secretary and

Assistant Treasurer

Brian R Anderson Vice President, Assistant Secretary and

Assistant Treasurer

John Lucey Executive Vice President, Business

Development and Engineering

Michael Welch Vice President, Assistant Secretary and

Assistant Treasurer

Sean D Hawkins Vice President, Business Unit Counsel,

Secretary and Assistant Treasurer

Beth Huddleston Vice President and Treasurer

Billy G Clark Vice President of Operations – Pipeline,

Disposal Wells and Water Transfer

Mary Welle Vice President, Human Resources

The principal office address of all of the above named officers is 300 Cherrington Parkway, Suite 200 Coraopolis, PA 15108

US_ACTIVE 110637744 2 330135-00005

TX2012 Ver. 3.1

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions 05-102

(Rev.9-11/30)	This report MUST be sign	ed and filed to	satisfy franchise tax	x requirements				
m Tcode 13196								
■ Taxpayer number		Report year	1	tain rights under Ci quest, and correct i	•			
202291795		2012	Contact us a	it (800) 252-1381	or (512) 463	- 4600 .		
Taxpayer name HECKMANN WATER RES	SOURCES (CVR), INC.							
Mailing address 300 CHERRINGTON PARKWAY, SUITE 2	200			•		y of State oller file nu	(SOS) file nur umber	nber or
City CORAOPOLIS	State PA		ZIP Code 15108	Plus 4				
Check box if there are currently no c	hanges from previous year; if n	o information is	displayed, complete t	the applicable infom	nation in Sec	tions A, B	3 and C.	
Principal place of business				i				
Please sign below! Report is compared report. There is	and member information is re leted. The information is update no requirement or procedure f rs, or members change through	ed annually as pa or supplementing	art of the franchise ta	× .	0202	291	7950	1 2
SECTION A Name, title and mailing add	ress of each officer, director or n	nember.						
Name CHARLES R. GORDON	Title PRE:	SIDENT			erm spiration	m m	d d	у у
Mailing address	City		·	St	ate		ZIP Code	·
Name	Title		[erm	m m	d d	у у
DAMIAN C. GEORGINO Mailing address	V.P City	•	ļ	1 1	opiration tate		ZIP Code	l
Name	Title				erm	m m	d d	у у
BRIAN ANDERSON Mailing address	V.P City	•	l	1 1	cpiration tate		ZIP Code	•
SECTION B Enter the information rec	quired for each corporation	or LLC, if an	y, in which this en	tity owns an inter	est of 10 pe	ercent or	more.	
Name of owned (subsidiary) corporation o	r limited liability company	State of form	ation	Texas SOS file i	number, if an	у Ре	ercentage of o	wnership
Name of owned (subsidiary) corporation o	r limited liability company	State of forms	ation	Texas SOS file i	number, if an	y Pe	ercentage of o	wnership
SECTION C Enter the information recliability company.	quired for each corporation	or LLC, if an	y, that owns an in	nterest of 10 perce	ent or more	in this e	ntity or limite	d
Name of owned (parent) corporation or lim	nited liability company	State of for	mation	Texas SOS file i	number, if an	ıy Pe	ercentage of o	wnership
HECKMANN CORPORATION		DE		N/A		1 -	100.000	
Registered agent and registered office curre	ently on file. (see instructions if	you need to mai	ke changes)		k if you need		change ed office inform	nation
Agent: C T CORPORATION SYSTEM			Low	tile registe	1	•		
Office: 350 NORTH ST. PAUL STREET,			City DALLAS		State	10	ZIP Code	
The above information is required by Section 1 for Sections A, B, and C, if necessary. The information	on will be available for public inspec	tion.			•			
I declare that the information in this document been mailed to each person named in this re		member and wh	no is not currently em					
sign here	21-	Title	From	Date ///////	-	Area cod	e and phone r	number
777	Royal San				<u> </u>	1601	141-76	06
				•	VE/DE	☐ F	PIR IND	
			M);+0,5					





1D5238 7.000

TX2012 Ver. 3.1

05-102

Texas Franchise Tax Public Information Report

۲,

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

(Rev.9-11/30)	report MUSI be signed	and med to saus	ty manicinse ta	k redunement	•			
■ Tcode 13196								
■ Taxpayer number	∎Re	eport year	You have cert	tain rights unde	er Chapter 552 a	nd 559, G	overnment C	ode.
, .				•	ect information v		n file about yo	u.
202291795	2	012	Contact us a	1 (800) 252-13	381 or (512) 463	I-4600.		
Taxpayer name HECKMANN WATER RESOURCES	(CVR), INC.							
Mailing address						ry of State	(SOS) file nu	mber or
300 CHERRINGTON PARKWAY, SUITE 200	State na	ZiP	Code 15108	Plus 4	Compan	mer me m	3111001	
City CORAOPOLIS	State PA	ļ	12100					
Check box if there are currently no changes to	from previous year; if no	information is displa	ayed, complete	the applicable i	nformation in Se	ctions A, E	3 and C.	
Principal office								
Principal place of business							11 188 IB 881 BI BIT II BBI B	4 DO M DO 1 50.01
Please sign below! Report is completed. The report. There is no requoration officers, directors, or me	e information is updated irement or procedure for imbers change througho	I annually as part of supplementing the ut the year.	the franchise ta		0202	291	7950	1 2
SECTION A Name, title and mailing address of e		ember.	ĺ	Director		m m	d d	v v
Name	Title			YES	Term expiration			, , ,
W. CHRISTOPHER CHISHOLM Mailing address	CFO City	_	ı	1 1 165	State		ZIP Code	1
waning address	,			•				
Name	Title			Director	Term ;	m m	d d	у у
RICHARD J. HECKMANN	CEO		ļ	X YES	expiration			
Mailing address	City				State		ZIP Code	
	7:41_			Director		m m	4 4	ט ט
Name	Title		ĺ	YES	Term expiration	111 111	0 0	, ,
Mailing address	City			11 1 100	State		ZIP Code	ı
	•							
SECTION B Enter the information required f	or each corporation	or LLC, if any, in	which this er	ntity owns an	interest of 10 p	ercent or	more.	
Name of owned (subsidiary) corporation or limited	liability company	State of formation	1	Texas SOS	file number, if a	ny Po	ercentage of o	ownership
	4. 4.700	Otata af fa atia-		Towns SOS	file number if a	nu D	ercentage of o	ownershin
Name of owned (subsidiary) corporation or limited	liability company	State of formation	1	Texas SOS	ile number, if a	''y ['	sicentage or t	Ownership
SECTION C Enter the information required f	or each corporation	i or LLC if any th	nat owns an i	nterest of 10 i	nercent or more	i e in this s	entity or limit	ed
SECTION C Enter the information required to liability company.	or each corporation	or EEC, it arry, ti	iat Owiis aii i	nterest or 10	percent of mon	una c	and y or mine	
Name of owned (parent) corporation or limited liab	ility company	State of format	ion	Texas SOS	file number, if a	ny P	ercentage of	ownership
	•	1						
Registered agent and registered office currently on	file. (see instructions if y	ou need to make c	hanges)		k box if you nee			mation
Agent:		Lo	City	111011	gistered agent. Sta	_	ZIP Code	
Office:			•		l			
The above information is required by Section 171.203 of for Sections A. B. and C. if necessary. The information will be	of the Tax Code for each	corporation or limite	d liability compa	iny that files a	Texas Franchise T	ax Report.	Use additional	sheets
I declare that the information in this document and any			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 e	mployed by this,	or a related, con	poration of	limited liabilit	y company.
sign _		Title		Date		Area co	de and phone	number
here		1		١		}		
		(a) (10) (CO) (C) (C) (C)	iiicial Use	(•mly	***			
			💻		VE/DE		PIR IND	
						-	· •	_
TO THE TANK OF THE PROPERTY OF	መ/ ታ ው/ታውንት							
*** *********************************	(),,<u>1</u>10,,110,,11							
	<u>`````````````````````````````````````</u>		/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	111				
THE REPORT OF THE PARTY OF THE		ĸ₽ſŢĨŊĸĬŦĺĦ		III			■1 ■111 ■■1 1 1 .6 2	



1062



Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 (Form 503) Filed in the Office of the Secretary of State of Texas Filing #: 801028941 6/25/2013 Document #: 487266940013 Image Generated Electronically for Web Filing

ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

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

Nuverra Environmental Solutions

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

Heckmann Water Resources (CVR), Inc.

- 3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is <u>TEXAS</u> and the address of its registered or similar office in that jurisdiction is: 350 North St. Paul St., Ste. 2900, Dallas, TX, USA 75201-4234
- 4. The period, not to exceed 10 years, during which the assumed name will be used is: **06/25/2023**
- 5. The entity is a : Domestic For-Profit Corporation
- 6. The entity's principal office address in Texas is:

24900 Pitkin Road, Suite 310, Spring, TX, USA 77386

- 7. 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:
- 8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

ALL COUNTIES

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Heckmann Water Resources (CVR), Inc.

Name of the entity

By: Damian C. Georgino, Vice President

Signature of officer, general partner, manager, representative or attorney-in-fact of the entity

FILING OFFICE COPY



Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 (Form 503) Filed in the Office of the Secretary of State of Texas Filing #: 801028941 6/25/2013 Document #: 487266940014 Image Generated Electronically for Web Filing

ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

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

Nuverra

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

Heckmann Water Resources (CVR), Inc.

- 3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is <u>TEXAS</u> and the address of its registered or similar office in that jurisdiction is: **350 North St. Paul St.**, <u>Ste. 2900</u>, <u>Dallas</u>, <u>TX</u>, <u>USA 75201-4234</u>
- 4. The period, not to exceed 10 years, during which the assumed name will be used is: **06/25/2023**
- 5. The entity is a : **Domestic For-Profit Corporation**
- 6. The entity's principal office address in Texas is:

24900 Pitkin Road, Suite 310, Spring, TX, USA 77386

- 7. 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:
- 8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

ALL COUNTIES

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Heckmann Water Resources (CVR), Inc.

Name of the entity

By: Damian C. Georgino, Vice President

Signature of officer, general partner, manager, representative or attorney-in-fact of the entity

FILING OFFICE COPY



Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 (Form 408) Filed in the Office of the Secretary of State of Texas Filing #: 801028941 12/02/2013 Document #: 518827968206 Image Generated Electronically

STATEMENT OF CHANGE OF ADDRESS OF REGISTERED AGENT

1. The name of the entity represented is Heckmann Water Resources (CVR), Inc.

The entity's filing number is 801028941

2. The address at which the registered agent has maintained the registered office address for such entity is: (Please provide street address, city, state and zip code presently shown in the records of the Secretary of State.)

350 N. St. Paul Street, Suite 2900, Dallas, TX, 75201-4234

3. The address at which the registered agent will hereafter maintain the registered office address for such entity is: (Please provide street address, city, state and zip code. The address must be in Texas.)

1999 Bryan St., Ste. 900, Dallas, TX, 75201 - 3136

4. Notice of the change of address has been given to said entity in writing at least 10 business days prior to the submission of this filing.

Date: 12/02/2013

C T Corporation System

Name of Registered Agent

Marie Hauer

Signature of Registered Agent

FILING OFFICE COPY

2D5238 3.000

TX2013 Ver. 4.0

Texas Franchise Tax Public Information Report

05-102

(Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions This report MUST be signed and filed to satisfy franchise tax requirements

mTcode 13196

■ Taxpayer number	■R	eport year	You have cer	tain	rights unde	r Chapter 5	52 and	1 559, G	overnment C	Code,	
1000001705/1	,	to review, re 2013 Contact us a		•	st, and corre				i file about yo	ou.	
202291795 4 Taxpayername Heckmann Water Resources (CVR), Inc			·	10	00, 202 70.	0. 0. (0.2)					
Mailing address						Sec	retary	of State	(SOS) file nu	imber or	
14624 N. Scottsdale Rd., Suite 300				,				er file nu			
City Scottsdale State AZ	i	2	IP Code 85254	Ph	us 4	080	10289	41	***************************************		
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 14624 N. SCOTTSDALE RD SUITE 300 SCOT											
Principal place of business 14624 N. SCOTTSDALE RD SUI			Z 852		<u> </u>			BJE (B455 448)	* * # # * * * * * * * * * * * * * * * *		
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. O202291795013											
SECTION A Name, title and mailing address of each officer, dire		ember.									
Name	Title			_	rector	Term		n m	d d	<u> </u>	
W. Chirsopher Chisholm	SRVP			Х	YES	expiration State	<u>'</u>		ZiP Code		
Mailing address	City										
14624 N. SCOTTSDALE RD, STE 300	SCOT	TSDALE		Die	rector	AZ		n m	85254 d d	у у	
Name				. [YES	Term expiration					
Brian R. Anderson Mailing address	V.P.				1 120	State	<u>'</u>		ZIP Code	l	
·	1	TSDALE				AZ			85254		
14624 N. SCOTTSDALE RD, STE 300 Name	Title	ISDALE	, , , , , , , , , , , , , , , , , , , ,	Dii	rector	r m			d d	уу	
Christopher E. Kevane	ASec	retary		Гх	YES	Term expiration					
Mailing address	City	101017				State			ZIP Code		
14624 N SCOTTSDALE RD SUITE 300	SCOT	TSDALE				AZ			85254		
SECTION B Enter the information required for each corp			in which this er	ntity	owns an in	terest of	10 per	cent or	more.		
Name of owned (subsidiary) corporation or limited liability compan		State of formati		Texas SOS file number, if any Percentage of ownership						ownership	
1960 Well Services, LLC		ОН		NONE			1 2		100.000	<u> </u>	
Name of owned (subsidiary) corporation or limited liability compan	y	State of formati	on	Texas SOS file number, if any			Pe	Percentage of ownership			
SECTION C Enter the information required for each corp liability company.	oration	or LLC, if any,	that owns an i	nter	est of 10 po	ercent or r	nore ir	1 this e	ntity or limit	ed	
Name of owned (parent) corporation or limited liability company		State of form	ation	Ţ	Texas SOS	file number	, if any	Pe	rcentage of	ownership	
Nuverra Environmental Solutions, Inc.		DE		100.000							
Registered agent and registered office currently on file. (see instru Agent:	ctions if y	rou need to make	changes)			box if you gistered ag			change ed office info	mation.	
Office:			City				State		ZIP Code		
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 been mailed to each person named in this report who is an officer, d	true and	correct to the bes	t of my knowledge is not currently er	and	belief, as of	the date b	elow, a	nd that	a copy of this timited liabili	s report has ty company.	
		Title		Da					le and phone		
here Office		V.P. TAXE		/	1/14/1	3	_(602)	903-79	823	
Τε	xas C	omptroller (Official Use	On	ly						
						VE/D	E [PIR IND		

Form 401

Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709





Statement of Change of Registered Office/Agent

Filed in the Office of the Secretary of State of Texas Filing #: 801028941 11/06/2014 Document #: 576915250002 Image Generated Electronically for Web Filing

Entity Information

The name of the entity is:

Heckmann Water Resources (CVR), Inc.

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

The registered agent and registered office of the entity as currently shown on the records of the secretary of state are:

C T Corporation System

1999 Bryan St., Ste. 900, Dallas, TX, USA 75201-3136

Change to Registered Agent/Registered Office

The following changes are made to the registered agent and/or office information of the named entity:

Registered Agent Change

A. The new registered agent is an organization by the name of:

Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company

OR

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

Registered Office Change

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

211 E. 7th Street, Suite 620, Austin, TX, USA 78701-3136

The street address of the registered office as stated in this instrument is the same as the registered agent's business address.

Consent of Registered Agent

✓ A. A copy of the consent of registered agent is attached. TX - HECKMANN WATER RESOURCES (CVR), INC..pdf

TB. The consent of the registered agent is maintained by the entity.

Statement of Approval

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

Effectiveness of Filing

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 its filing by the secretary of state. The delayed effective date is:

Execution

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

Date: November 6, 2014

Dona Priebe, Vice President

FILING OFFICE COPY

Form 401-A (Revised 12/09)



Acceptance of Appointment Consent to Serve as Registered Agent §5.201(b) Business Organizations Code

The following form may be used when the person designated as registered agent in a registered agent filing is an individual.

Acceptance of Appointment and Consent to Serve as Registered Agent I acknowledge, accept and consent to my designation or appointment as registered agent in Texas for Name of represented entity I am a resident of the state and understand that it will be my responsibility to receive any process, notice, or demand that is served on me as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the Secretary of State if I resign. x: Date (mm/dd/yyyy) Printed name of registered agent Signature of registered agent

The following form may be used when the person designated as registered agent in a registered agent filing is an organization.

Acceptance of Appointment and Consent to Serve as Registered Agent

I am authorized to act on behalf of Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company Name of organization designated as registered agent

The organization is registered or otherwise authorized to do business in Texas. The organization acknowledges, accepts and consents to its appointment or designation as registered agent in Texas for:

HECKMANN WATER RESOURCES (CVR), INC.

Name of represented entity

The organization takes responsibility to receive any process, notice, or demand that is served on the organization as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the Secretary of State if the organization resigns.

> Sylvia Queppet Assistant Vice President

11/06/2014

Signature of person authorized to act on behalf of organization

Printed name of authorized person

Date (mm/dd/yyyy)

Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company

3 Form 401-A

3D5238 5.000

TX2014 Ver. 5.1

05-102 (Rev.9-13/32)

Texas Franchise Tax Public Information Report

 K_{Jt}

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

~1~	
OH	
R	

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 1-800-252-1381. 2014 202291795 Check box if the mailing address has changed Taxpayer name Heckmann Water Resources (CVR), Inc. Secretary of State (SOS) file number or Mailing address Comptroller file number 14624 N. Scottsdale Rd., Suite 300 ZIP Code 85254 Plus 4 City State 0801028941 Scottsdale 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 SCOTTSDALE RD SCOTTSDALE AZ 85254 14624 N. Principal place of business SCOTTSDALE RD SCOTTSDALE AZ 85254 14624 N. Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax Please sign below! report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year. SECTION A Name, title and mailing address of each officer, director or manager, m d đ v V Director m Name YES Term expiration ZIP Code State City 85254 Mailing address d Title Director m m y y X YES Term expiration SRVE W. Chirsopher Chisholm ZIP Code 85254 State City Mailing address 14624 N. SCOTTSDALE RD, STE 300 SCOTTSDALE Director m m d d Title Name YES Tem expiration V.P Brian R. Anderson ZIP Code 85254 State City Mailing address 14624 N. SCOTTSDALE RD, STE 300 SCOTTSDALE SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more. Texas SOS file number, if any Percentage of ownership Name of owned (subsidiary) corporation or limited liability company State of formation 100.000 NONE OH 1960 Well Services, LLC Percentage of ownership Texas SOS file number, if any Name of owned (subsidiary) corporation or limited liability company State of formation SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company. Percentage of ownership Texas SOS file number, if any Name of owned (parent) corporation or limited liability company State of formation Nuverra Environmental Solutions, Inc 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: ZIP Code State City 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 manager and who is not currently employed by this, or a related, corporation or limited liability company. Date Area code and phone number Title sign 11/6/201U here Texas Comptroller Official Use Only VE/DE PIR IND



3D5238 5.000

TX2014 Ver. 5.1 05-102 (Rev.9-13/32)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■Tcode 13196												
Taxpayer number		■ Report y	ear					-		Chapter :		
		1				vernment		-	-			
02291795		2014			T .	we have o						
Heckmann Water Resources (CVR)	, Inc.					Chec	ck box if t	he mailing	addr	ess has ch	anged	·
iling address								etary of Soproter fi		SOS) file n	umber	or
4624 N. Scottsdale Rd., Suite 300	State			ZIP Code 85254	Plus 4	<u> </u>	\dashv	•	iie riuii	noc:		
Scottsdale	AZ			85254			0803	028941				
Check box if there are currently no changes from pr	evious year;	if no informatio	on is disp	played, complete th	e applic	able informa	ation in S	ections A,	, Bano	d C.		
ncipal office												
ncipal place of business						□ .			14 (BHD) M	us i i i i i i i i i i i i i i i i i i i	FIA PENN E E L	au ma
									an r			AH
Officer, director and manage Report is completed. The inf report. There is no requirement	formation is u ent or proced	updated annua dure for supple	illy as pa menting	rt of the franchise to	ax							
officers, directors, or manage			/ear.					02	.022	91795	014	
CTION A Name, title and mailing address of each o	micer, directo	Title			Direct	Or T		m	<u></u>	d d	у	<u>,</u>
me		inte				ÆS.						
					'لتما ا	- 1	ferm expiration					
Gean D. Hawkins Hilling address 14624 N SCOTTSDALE RD STE 300		Secretary City			l		State			ZIP Code	8525	_
me 14624 N SCOTTSDALE RD, STE 300	,	Title SCOTT	SDALE		Direct	or	A:	<u>m</u>	m	d d		34
iiie					 ┌┐ ⋅	YES .	F					
	İ	II D. Bauca					l'erm expiration					
avid Mandelbaum illing address 14624 N SCOTTSDALE RD, STE 300		City SCOTT	SDALE		1	- 1	State A	7		ZiP Code	8525	54
me		Title	SUNUL		Direct	or		m	m	d d		
						YES .	Term	[
Daniel Huang		V.P.					expiration					
ailing address 14624 N SCOTTSDALE RD, STE 300	0	CHU	SDALE				State A	z		ZIP Code	8525	54
13024 1 00011001110 110, 010 00												
CTION B Enter the information required for ea	ach corpor	ation or LLC	, if any	y, in which this e	ntity ow	ns an inte	erest of 1	0 percer	nt or r	nore.		
ame of owned (subsidiary) corporation or limited liabili	ty company		State o	of formation		Texas SOS fi	ile number,	if any	Per	centage o	f owne	rshi
									 			
ame of owned (subsidiary) corporation or limited liability	ty company		State	of formation		Texas SOS f	ile number,	if any	Per	centage o	f owne	rsni
		لـــــــــــــــــــــــــــــــــــــ										
CTION C Enter the information required for e	ach corpor	ration or LLC	; if any	y, that owns an i	interest	of 10 per	cent or n	nore in th	nis en	itity or lim	ited	
liability company. ame of owned (parent) corporation or limited liability or			State (of formation		Texas SOS f	ile number	if any	Per	rcentage c	f owne	rshi
ame of owned (parent) corporation of infined habitity of	Oniparty		Giale	or romanor					'			
egistered agent and registered office currently on file (s	no instructi	one if you need	to mak	e chenges)		Chack b	av if valu	nood form		hanaa		
egistered agent and registered office currently of the (s gent:	ioe manucia	ons ii you neec	, 10 man	o changeo,			ox if you i			ed office inf	ormatic	on.
				City				State		ZIP Code	•	
ffice:						hat Chan	T 5			1 1 1 2 2 2 2	dition of	
above information is required by Section 171.203 of th Sections A, B, and C, if necessary. The information will be available.	ie Tax Code able for public	for each corpo inspection.	oration o	r ilmited liability co.	mpany t	nat files a	Texas Fra	ICHSE 183	Скеро	NI. USE AU	Cittoria	5110
declare that the information in this document and any attach	chments is tr	ue and correct	to the b	est of my knowledge	and be	lief, as of t	he date be	elow, and	that a	copy of th	nis repo	ort h
en mailed to each person named in this report who is ar	n officer, dire	ctor or manage	r and wh	no is not currently e	mployed	by this, or	a related,	corporation	on or I	limited liab	ility con	mpar
ign 📐		Titk	е		Date			Area	a code	e and phon	e num	ber
ere /												
	Tex	as Compt	roller	Official Use	Only						7	
	╻╞╸ <mark>╎┞</mark> ╻╿┠╷		╏╫╈			l	VE/DI	┋╽╜	⊥ P	IR IND		
BILL BUTAL GALLER CONTRACTOR BUTAL DATA				MAT. IX.		•						
	(LEX (L											
	'[_X X']_	[X']_[X'		LXUNT								
	/[X/ /_					11						
ילאבסוילאתנוזי לאבוי ללאנון לאודור אווא אווא אינו אינו אינו אווא אינו אינו	/{ T !}/[i						
			PM			Į.	IRI Bil i !i					411

3D5238 5.000

TX2014 Ver. 5.1

05-102

(Rev.9-13/32)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions This report MUST be signed and filed to satisfy franchise tax requirements

Taxpayer number		■Report y	/ear	_			You ha	ve certain	rights (under	Chap	xter 55	2 and	55
					(de, to rev						
202291795		2014		J	т-	we	1	file about						130
xpayername Heckmann Water Resources (C	VR), Inc.				<u> </u>	<u> </u>	Check	box if the	mailing	addr	ess na	s char	ngea.	_
illing address									ary of S roller fi			file nu	mber	×
14624 N. Scottsdale Rd., Suite 300	State	· · · · · · · · · · · · · · · · · · ·	12	ZIP Code 05254	TPlu	ıs 4		┤ ` `						
ity Scottsdale	State AZ			21P Code 85254				08010	28941					
Check box if there are currently no changes from	n previous year	; if no information	on is displ	layed, complete th	e app	olicable	informati	ion in Sec	tions A,	Ban	d C.			
rincipal office														
Officer, director and man Report is completed. The report. There is no require officers, directors, or man	information is rement or proc pagers change	updated annua edure for supple throughout the	ally as part ementing t year.	t of the franchise t	ax	1			02	022	917	950	14	
ECTION A Name, title and mailing address of ea	ch officer, direc				Dir	ector			m		ď	d	у	
Name LARENCE W GILES, III		Title VP				YES	116	rm piration				<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
Mailing address	200	City score	DCDALE		L		Sta	ete AZ	<u> </u>		ZIP (ode	85254	
Name	200	Title	<u>rsdale</u>		Dir	ector			m	m	d	d	<i>y</i>	y
WILLIAM E HALEY		VP&C	3M] YES	l ie	rm piration						
Mailing address 14624 N SCOTTSDALE RD STE		City SCOTT	-		L		St	ate AZ			ZIP (Code	85254	4
Mailing address 14624 N SCOTTSDALE RD, STE	300	Title	TSDALE		Dir	ector			m	m	d	đ		<u>,</u>
DONALD M. JUSTUS		VP & GN	Л			YES	116	rm piration						
Mailing address 14624 N SCOTTSDALE RD, STE	300	City SCOT	TSDALE				St	ate AZ			ZIP (Code	8525	4
SECTION B Enter the information required for	r each corpo	ration or LLC	C, if any	in which this e	ntity	owns	an inter	est of 10	percer	nt or r	more.			
Name of owned (subsidiary) corporation or limited li				formation				number, if		Per	centa	ge of o	wner	ship
Name of owned (subsidiary) corporation or limited it	ability company	'	State of	formation		Tex	s SOS file	number, if	any	Per	centa	ige of d	wnen	ship
ECTION C Enter the information required for liability company.	or each corpo	oration or LLC	C, if any	, that owns an	inter	est of	10 perce	ent or mo	ore in th	nis er	ntity o	r limit	ed	
Name of owned (parent) corporation or limited liability	ity company		State o	f formation		Tex	es SOS file	number, if	any	Per	rcente	ige of	ownen	ship
Registered agent and registered office currently on fi Agent:	le (see instruc	tions if you nee	d to make	changes)] C	heck bor ne registe	c if you ne ered ager	ed form	is to c	hange ed offic	e infor	matio	n.
Office:				City				S	ate		ZIP	Code		
The above information is required by Section 171.203 of	of the Tax Cod	e for each corp	oration or	limited liability co	mpan	y that	files a To	exas Franc	hise Tax	Repo	ort. Us	a addi	tional	she
or Sections A, B, and C, if necessary. The information will be a I declare that the information in this document and any			to the be	st of my knowledg	e and	belief.	as of the	date belo	w. and	theatε	copy	of this	repor	the
been mailed to each person named in this report who	is an officer, di	rector or manage	er and wh	o is not currently	emplo	yed by	this, or a	related, c	orporation	on or	limited	liabilit	y com	pan
sign 📐		Tit	le		Da	ite			Area	a code	e and	phone	numb	er
here P														
	Те	xas Comp	troller	Official Use	On	ly								
							L	VE/DE		P	PIR IN	D		

305238 5.000

TX2014 Ver. 5.1 05-102

(Rev.9-13/32)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liebility Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■Tcode 13196 ■ Report year You have certain rights under Chapter 552 and 559, ■ Taxpayer number Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381. 2014 202291795 Taxpayer name Check box if the mailing address has changed. Heckmann Water Resources (CVR), Inc. Secretary of State (SOS) file number or Mailing address Comptroller file number 14624 N. Scottsdale Rd., Suite 300 ZIP Code 85254 State 0801028941 A 7. Scottsdale 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.

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

Principal place of business

Please sign below!

Officer, director and manager 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 managers change throughout the year.



0202291795014

VP City SCOTT	SDALE		YES	Term expiration						
. 20011	SDALE			1						
				State AZ			ZIP (Code	85254	1
		Dir	ector		m	m	d	đ		y
			YES	Term expiration						
City SCOTT	SDALE			State AZ			ZIP (Code	85254	4
Title		Dir	ector		m	m	đ	d	у	y
			YES	Term expiration						
City SCOTT	SDALE			State AZ	;		ZIP	Code	85254	4
ation or LLC	, if any, in which this e	ntity	owns an i	nterest of 10) perce	nt or	more.			
	State of formation					Pei	rcenta	age of	owners	ship
	State of formation		Texas SO	S file number,	if any	Per	rcenta	age of	owners	ship
ation or LLC	c, if any, that owns an	inter	est of 10 p	ercent or m	ore in 1	his er	ntity o	or limi	ted	
	State of formation		Texas SC	S file number,	if any	Pe	rcente	age of	owner	ship
ons if you need	to make changes)	T	Check the re	box if you n	eed for	ns to c gistere	hange ed offic	e ce info	omatio	n.
	City				State		ZIP	Code	!	
	City SCOTT	City SCOTTSDALE State of formation City SCOTTSDALE ration or LLC, if any, in which this entity State of formation State of formation ration or LLC, if any, that owns an intercons if you need to make changes) City	City SCOTTSDALE Tation or LLC, if any, in which this entity owns an in State of formation Texas SO Texas SO Cons if you need to make changes) Check the re	City SCOTTSDALE State AZ Pation or LLC, if any, in which this entity owns an interest of 10 State of formation State of formation Texas SOS file number, City SCOTTSDALE State AZ Term expiration State AZ Tation or LLC, if any, in which this entity owns an interest of 10 perces State of formation Texas SOS file number, if any State of formation Texas SOS file number, if any Check box if you need for the registered agent or re	City SCOTTSDALE State AZ Term expiration State AZ Tation or LLC, if any, in which this entity owns an interest of 10 percent or a state of formation State of formation Texas SOS file number, if any Per state of formation	Tem expiration City SCOTTSDALE State AZ ZIP Tation or LLC, if any, in which this entity owns an interest of 10 percent or more State of formation Texas SOS file number, if any Percents Percents Texas SOS file number, if any Percents Check box if you need forms to chang the registered agent or registered officers.	Tem expiration City SCOTTSDALE State AZ ZIP Code ation or LLC, if any, in which this entity owns an interest of 10 percent or more. State of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation Texas SOS file number, if any Percentage of a state of formation and a state of formation a state of formation and a state o	Tem expiration City SCOTTSDALE State AZ ZIP Code 8525. State of ID percent or more. State of formation Texas SOS file number, if any Percentage of owners Texas SOS file number, if any		

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 malled to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

Title Date Area code and phone number

Texas Comptroller Official Use Only

VE/DE PIR IND

4D5238 3.000

TX2015 Ver. 6.0

05-102 (Rev.9-13/32)

Texas Franchise Tax Public Information Report

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

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

13196	_	Danest .mas				
Taxpayer number	_	Report year	 -		· =	under Chapter 552 and 5
202291795		2015				equest and correct informa Contact us at 1-800-252-13
AUBRA JANA		2013				
Heckmann Water Resources (CVR)	inc.					g address has changed.
illing address 4624 N. Scottsdale Rd., Suite 300					Secretary of S	State (SOS) file number or file number
	tate AZ		ZIP Code 85254	Plus 4	0801028941	
Check box if there are currently no changes from pre	vious year; if no	information is di	splayed, complete th	e applicable int	formation in Sections A	, B and C.
ncipal office 14624 N. SCOTTSDALE RD SCOTTSDA	ALE AZ 85254		_			
ncipal place of business 14624 N. SCOTTSDALE	RD SCOTTSDA	LE AZ 85254			1 (0 Fili) Rátia (201) 01 (10 Fix IV) (51)	IS PETER MAIN COSTIC IPETE ACCORDANCE MIRAL COST
Officer, director and manager	r information is s	mandad on of the	data a Dublia Inform			
Report is completed. The information report. There is no requirement	rmation is updat	ted annually as p	art of the franchise t	a x		
officers, directors, or manager		·			02	202291795015
CTION A Name, title and mailing address of each of				B1		
ame	Title	Asst Corporate	Sactratary	Director		m dd y j
	' '		,	L _X YES	Term	
Sean D. Hawkins siling address 14624 N. CCOTTENNE DD. CTT. 200	City				State 37	ZIP Code 95354
mme 14624 N SCOTTSDALE RD, STE 300	Title	SCOTTSDALE		Director	Otato AZ m	m d d y
				☐ YES		
Gregory J. Heinlein	CFO				Term expiration	
illing address 14624 N SCOTTSDALE RD, STE 300	City			!	State AZ	ZIP Code 85254
ime	Title			Director	m	m d d y
	١,	IP & Secr	etary	X YES	Term	
Joseph M. Crabb					expiration	
ailing address 14624 N SCOTTSDALE RD, STE 300	City	SCOTTSDALE			State AZ	ZIP Code 85254
CTION B. Enter the information required for se		arllC if an	i=		interest of 40 consec	
CTION B Enter the information required for ea ame of owned (subsidiary) corporation or limited liability			of formation	····	OS file number, if any	Percentage of ownershi
		ОН				,
1960 Well Services, LLC Ime of owned (subsidiary) corporation or limited liability	company		of formation	NONE Texas S	OS file number, if any	Percentage of ownershi
CTION C Enter the information required for ea	ch corporation	or LLC, if an	y, that owns an i	nterest of 10	percent or more in th	nis entity or limited
liability company. ame of owned (parent) corporation or limited liability co	mnany	State	of formation	Town St	OS Statement & Company	Beconstant of supersti
. , ,	прату		OI TOTTIBLION	1 exam S	OS file number, if any	Percentage of ownershi
Nuverra Environmental Solutions, Inc. ogistered agent and registered office currently on file (se	a instructions if	DE DE	(a changes)			100.000
ent:	o manaciona m	you nood to man	to ciranges)		k box if you need form egistered agent or reg	s to change jistered office information.
fice:			City		State	ZIP Code
above information is required by Section 171.203 of the			or limited liability cor	mpany that files	a Texas Franchise Tax	: Report. Use additional she
Sections A, B, and C, if necessary. The information will be availab	le for public inspe	ction.				
eclare that the information in this document and any attach						• • • • • • • • • • • • • • • • • • • •
on mailed to each person named in this report who is an	DITICEF, GIFECTOF O	r managerand w	no is not currently ei	Date		on or limited liability compar a code and phone number
gn LD HL		1	orporate Sectretary		1,11,00	Todas una priorio namos
/ / / / -	Texas (Official Use	Only		
					VE/DE	PIR IND
					V/.	
וון און און און אינוי אינוין אינוין אינוין אינוין און און און און און און און און אינוין אינוין און און און או		<u> </u>				
ווע אַרבוייגעבויגעבויגעבויגעבויקעבויקערן וווע אוון אווע אוון אווע אווע אווע אוו						
					1111 661 11 861 16 11 88	: : : : : : : : : : : : : : : : : : :
רו לאות הוא לאיות בו לאות הוא האות הוא אין אלאות ביו האות הוא האות הוא האות הוא האות הוא האות הוא האות הוא האו האות הוא האות האות						
\$\\\ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	┍┪╻╻	or y post of			-	, 131 183 184 184 184 184 184 184 184 184 184 184 184 184 184 184 184

769823C 780701

TX2018 Ver. 9.0

05-102 (Rev. 9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),

Professional Associations (PA) and Financial Institutions

13196 ■ Tcode

■ Taxpayer	number
------------	--------

Principal place of business

Please sign below!

Office:

■ 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 1-800-252-1381.

202291795	2018	we have	on file about you. Contact us at 1-800-252-138
Taxpayer name HECKMANN WATER RESOURCES	(CVR), INC.	■ X Check bo	x if the mailing address has changed.
Marling address 6720 N. SCOTTSDALE RD., \$190			Secretary of State (SOS) file number or Comptroller file number
City SCOTTSDALE	State AZ	ZIP code plus 4 85253	

	Maning accress			Comptroller file number
	6720 N. SCOTTSDALE RD., #190			
	City SCOTTSDALE	State AZ	ZIP code plus 4 85253	
	(Oily			
ı	<u> </u>		to and associate the applicable information in Section	e A Rand C
į			layed, complete the applicable information in Section	SA B&00.
		E RD., #190 SCOTTSDALE,		-
	Principal place of business 6720 N. SCO	TTSDALE RD., #190 SCOTT	SDALE, AZ 85253	

You must report officer, director, member, general partner and manager information as of the date you complete this report.

This report must be signed to satisfy franchise tax requirements.

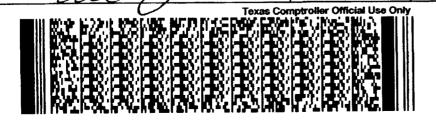


SECTION A Name, title and mailing address of each officer, director, member, general partner or manager. m m d d y Name YES Term experation **CFO** EDWARD A. LANG ZIP Code 85253 SCOTTSDALE ΑZ 6720 N. SCOTTSDALE RD., #190 State Mailing address m m d d y y Title ☐ YES expiration & CLO JOSEPH M. CRABB ZIP Code 85253 6720 N. SCOTTSDALE RD., SCOTTSDALE λZ State m m d d y y Director YES expiration ZIP Code City Mailing address

SECTION B Enter information for each corporation, LLC, LP, PA or file	nancial institution, if any, in which	this entity owns an interest of 10 per	cent or more.
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
SECTION C Enter information for each corporation, LLC, LP, PA or fi	nancial institution, if any, that own	ns an interest of 10 percent or more in	n this entity.
Name of owned (parent) corporation, LLC, LP, PA or financial institution NUVERRA ENVIRONMENTAL SOLUTIONS,	State of formation DE	Texas SOS file number, if any 32051862004	Percentage of ownership 100,00
Registered agent and registered office currently on file (see instructions if you need to Agent:	o make changes)	You must make a filing with the Secreta agent, registered office or general parti-	

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional

sheets for Sections A, 6 and C, if necessary. The information will be available for pacific in	тариона		
I declare that the information in this document and any attachments is true and correct to			
been mailed to each person named in this report who is an officer, director, member, get LLC, LP, PA or financial pertution.	neral partner or manag	er and who is not currently employed by this or a	related corporation,
	1		
sign here	Title	Date 10/12/18	Area code and phone number (602) 903-7802



_		 	
	VE/DE	PIR IND	



769823C 880701

TX2019

Texas Franchise Tax Public Information Report

Ver 10.0 (Rev.9-15/33) To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),

Professional Associations (PA) and Financial Institutions

Tcode	1	3	1	9	6

■ Taxpayer number

Report year

You have certain rights under Chapter 552 and 559. Government Code, to review, request and correct information

202291795	2019	we have	on file about you. Contact us at 1-800-252-138
HECKMANN WATER DE	SOURCES (CVR), INC.	■ Check bo	x if the mailing address has changed.
Mailing address 6720 N. SCOTTSDALE RD., #190			Secretary of State (SOS) file number or Comptroller file number
City SCOTTSDALE	State AZ	ZIP code plus 4 85253	

Check box if there are currently no changes from previous year, if no information is displayed, complete the applicable information in Sections Principal office 6720 N. SCOTTSDALE RD., #190 SCOTTSDALE, AZ 85253 Principal place of business 6720 N. SCOTTSDALE RD., #190 SCOTTSDALE, AZ 85253

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!

This report must be signed to satisfy franchise tax requirements.



SECTION A Name, title and mailing address of each officer, director, member, general partner or manager. m m d d y y YES Term expiration CFO STACY HILGENDORF ZIP Code 85253 ΑZ SCOTTSDALE State 6720 N. SCOTTSDALE RD., #19 City mmddyy Director YES Term expiration VP & CLO JOSEPH M. CRABB ZIP Code 85253 ΑZ SCOTTSDALE 6720 N. SCOTTSDALE RD. State Mailing address mmddyy Director Title YES Term expiration ZiP Code State City Mailing address

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
SECTION B Enter information for each corporation, LLC, LP, PA or financial in	istitution, if any, in which and on	at y our in the court of the	

SECTION C Enter information for each corporation, LLC, LP, PA or fi	nancial institution, if any, that ow	ns an interest of 10 percent or more i	n this entity.
Name of owned (parent) corporation, LLC, LP, PA or financial institution NUVERRA ENVIRONMENTAL SOLUTIONS,	State of formation DE	Texas SOS file number, if any 32051862004	Percentage of ownership 100,00
Registered agent and registered office currently on file (see instructions if you need	to make changes)	You must make a filing with the Secret agent, registered office or general partr	
Agent:			ZIP
Office:	City	State	Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional

re 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

sign here	A

Area code and phone number (602) 903-7802



VE/DE	PIR IND	





Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Heckmann Water Resources (CVR), Inc. (file number 801028941), a Domestic For-Profit Corporation, was filed in this office on September 15, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 07, 2021.



Ruth R. Hughs Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 1018518570003