

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Merger

with Document # 20171252455 of
BESTWAY CONCRETE COMPANY

Colorado Corporation

(Entity ID # 19871449924)

consisting of 4 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/29/2017 that have been posted, and by documents delivered to this office electronically through 03/30/2017 @ 10:24:16.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/30/2017 @ 10:24:16 in accordance with applicable law. This certificate is assigned Confirmation Number 10161015 .



A handwritten signature in blue ink that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

Jurisdiction _____

Street address _____
(Street number and name) _____

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information) _____

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

ID Number _____
(Colorado Secretary of State ID number)

Entity name or true name _____

Form of entity _____

Jurisdiction _____

Street address _____
(Street number and name) _____

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information) _____

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

- ☐ (If the following statement applies, adopt the statement by marking the box and include an attachment.)
There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity which is a foreign entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

(Caution: The surviving entity cannot be an entity formed under the laws of Colorado.)

ID Number 20171214623
(Colorado Secretary of State ID number)

Entity name or true name BURNCO Colorado, LLC

Form of entity Limited Liability Company

Jurisdiction Texas

Street address 301 Centennial Drive
(Street number and name)

Milliken CO 80543
(City) (State) (ZIP/Postal Code)

USA
(Province – if applicable) (Country)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

3. Each merging entity has been merged into the surviving foreign entity.

4. (If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)

- ☐ One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number _____

Document number _____

Document number _____

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- ☐ There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

5. (Mark the applicable box and complete the statement. **Caution:** Mark only one box.)

- ☒ The surviving foreign entity maintains a registered agent in this state.

OR

- ☐ The surviving foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

OR

- ☐ The surviving foreign entity has not maintained a registered agent in this state and appoints a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name
(if an individual)

(Last) (First) (Middle) (Suffix)

OR

(if an entity)
(Caution: Do not provide both an individual and an entity name.)

Street address

(Street number and name)

(City) CO (State) (ZIP Code)

Mailing address

(leave blank, if same as street address)

(Street number and name or Post Office Box information)

(City) CO (State) (ZIP Code)

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are 04/01/2017; 12:01 a.m.
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Hahne Clifford
(Last) (First) (Middle) (Suffix)
301 Centennial Drive
(Street number and name or Post Office Box information)

Milliken CO 80543
(City) (State) (ZIP/Postal Code)

USA
(Province - if applicable) (Country)

(If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.