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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/30/2023 2:30 PM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)			ASN	
Pursuant to the provisions of KRS	365, the undersigned applies	to assum	ne a name and, for tha	at purpose, submits the	
following statement: Wachs	Water Services				
The assumed name is:					
2. The name of the business entire	ty (and in the case of general p	artnershi	p, the partners) that is	s/are adopting the assun	ned
name:					
Xylem Dewatering Solutions, Inc.					
Name must be identical to the nam	e on record with the Secretary o	f State.)			
3. The "real name" is (you must che	eck one):				
a Domestic General Partnership			a Foreign General Partnership		
a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership a Foreign Limited Partnership		
a Domestic Limited Partnership					
a Domestic Business Trust			a Foreign Business Trust		
a Domestic Corporation		X	a Foreign Corporation		
a Domestic Limited Liability Company			a Foreign Limited Liability Company		
a Domestic Statutory Trust			a Foreign Statutory Trust		
a Domestic Limited Cooperative Association			a Foreign Limited Cooperative Association		
a Domestic Unincorporated Non-profit Association			a Foreign Unincorporated Non-profit Association		ation
4. The business is organized and	existing in the state or country	of New	Jersey		
5. The mailing address is:					
8920 State Route 108, Suite D, Colum	mbia, MD 21045				
Street Address or Post Office Box Numbers		City	State	Zip	
I declare under penalty of perjury	under the laws of Kentucky tha	at the forg	going is true and corre	ect.	
11. 1 1. 1 3A	Robert W. Barlett		VP & Secretary	26/26/2023	

Printed Name

Title

Date

Authorized Party Signature