



State of Missouri
 Robin Carnahan, Secretary of State

Corporations Division
 PO Box 2050 / 600 W. Main St., Rm. 322
 Jefferson City, MO 65102

File Number:

X00970715

Date Filed: 05/22/2009

Expiration Date: 05/22/2014

Robin Carnahan

Secretary of State

Registration of Fictitious Name

(Submit with filing fee of \$7.00)
 (Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

New Registration Renewal X Charter number Amendment X Charter number Correction X Charter number

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Liberty Water

Business Address: 12725 West Indian School Road, Suite D-101
 (PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Avondale, Arizona 85392

Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
Algonquin Water Resources of Missouri, LLC	#LC0608965	12725 West Indian School Road, Suite D-101	Avondale, AZ	85392	

All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo)

Authorized Signature: [Signature] Printed Name: IAN ROBERTSON, MANAGER Date: 27/4/09

Authorized Signature: _____ Printed Name: _____ Date: _____

Authorized Signature: _____ Printed Name: _____ Date: _____

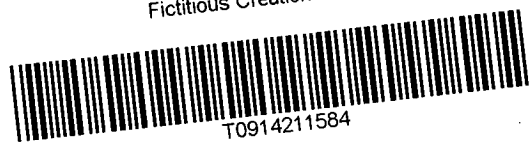
Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____

State of Missouri
 Fictitious Creation 1 Page(s)



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