



⊤ 407.472.0014 inliner.com

July 19, 2022

Pinellas County 22211 US Highway 19 N Clearwater, FL 33756

RE: Acquisition Complete: Granite Inliner, LLC is transitions to Inliner Solutions, LLC

Inland Pipe Rehabilitation (IPR), an investment affiliate of private equity investment firm, J.F. Lehman & Company, has completed the acquisition of Granite Inliner and its affiliated companies including LiquiForce, Liner Products and Inliner Technologies. As part of this acquisition the Granite Inliner, LLC name has transitions to Inliner Solutions. We have completed the process of filing the appropriate amendments with the state to complete this name change. Please note, only the name has changed. Our legal address, tax ID number(s), and registered agent(s) will stay the same. Copies of the Sunbiz.org amendment name change and our updated license are attached.

While our name will change, our strong commitment to quality work and support of your current and future needs will not. Know that our goal remains as it has always been - to work with our customers and partners to safely execute the work ahead of us and to lead the way with the renewal opportunities of tomorrow.

In the upcoming months, the Inliner companies will further align and combine with the IPR companies that provide CIPP, geopolymer, pipe bursting and potable water lining solutions. We believe this combination will produce the most compelling and competitive trenchless pipe rehabilitation solutions and technologies company in North America. An unmatched product and service portfolio together with an expanded group of professionals, crew team members and equipment will ensure our enhanced ability to provide value to your project and the communities we serve.

Please feel free to reach out to me should you have any questions or concerns. We look forward to remaining your trusted partner and source of support for your infrastructure rehabilitation needs.

If you have any questions, do not hesitate to contact me.

Sincerely,

INLINER SOLUTIONS, LLC.

Daniel J. Banken Area Director

www.inliner.com



May 17, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

INLINER SOLUTIONS, LLC 1900 SHAWNEE MISSION PKWY MISSION WOODS, KS 66205

Re: Document Number M02000001646

The Amendment to the Application of a Foreign Limited Liability Company for GRANITE INLINER, LLC which changed its name to INLINER SOLUTIONS, LLC, an Indiana limited liability company authorized to transact business in Florida, was filed on May 16, 2022.

The certification you requested is enclosed. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H22000174065.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor
Division of Corporations Letter Number: 622A00011235

850-617-6381 5/17/2022 1:52:47 PM PAGE 1/002 Fax Sei



Department of State

I certify the attached is a true and correct copy of the Amendment to the Application of a Foreign Limited Liability Company, filed on May 16, 2022, for GRANITE INLINER, LLC which changed its name to INLINER SOLUTIONS, LLC, an Indiana limited liability company authorized to transact business in Florida, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H22000174065, and this certificate issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this limited liability company is M02000001646.

Authentication Code: 622A00011235-051722-M02000001646-1/1



Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Seventeenth day of May, 2022

Secretary of State

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on	the records of the Florida Department of
State: GRANITE INLINER, LLC	
Enter new principal office address, if applicable:	-
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liabilit	ty company is: M02000001646
3. Jurisdiction of its organization: Indiana	
4. Date authorized to do business in Florida: $\frac{06/21/200}{1}$	02
SECTION II (5-9 complete only the applicable char	nges)
5. New name of the limited liability company: Inliner	· ·
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managimust contain "Limited Liability Company," "L.L.C." of	the purpose of transacting business in Florida and attach a ng members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered of registered agent and/or the new registered office addresses	fficer address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address:	
_	Enter Florida Street Address
	, Florida City Zip Code
	, and the second
the provisions of all statutes relative to the proper and and accept the obligations of my position as registered	nd agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with l agent as provided for in Chapter 605, F.S. Or, if this he registered office address, I hereby confirm that the limited
	ging Registered Agent, Signature of New Registered Agent

tle/ Capacity	<u>Name</u>	Address	Type of Action
			□Add
			□Remo
			□Add
			□Remo
	_		□Add
			Remo
			□Add
			□Remo
			□Add
aforementioned ar	ficate, if required: no more than 90 nendment(s), duly authenticated by the law of which this entity is orga	the official having custody of records in the	□Remo

Filing Fee: \$25.00

State of Indiana Office of the Secretary of State CERTIFICATE OF FACT

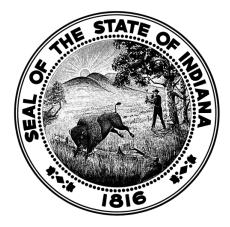
To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

INLINER SOLUTIONS, LLC

filed Articles of Amendment on March 23, 2022 changing their name from Granite Inliner, LLC to Inliner Solutions, LLC and is in good standing.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 19, 2022

olli Sullina

HOLLI SULLIVAN
SECRETARY OF STATE

2002050200119 / 20222542880

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on May 19, 2022.



March 24, 2022

To Whom It May Concern:

Granite Inliner, LLC. was acquired by IPR Acquisition Co., Inc. on March 16, 2022. Granite Inliner, LLC. had a name change to Inliner Solutions, LLC. Inliner Solutions, LLC is a wholly owned subsidiary of IPR Acquisition Co., Inc. The TID remains the same.

If you have any questions, please feel free to contact me. I can be reached by phone at 812-865-3232 ext 73614 or by email at allison.brown@gcinc.com.

Sincerely,

Allison Brown Operations Finance Manager

Inliner Solutions, LLC.

Enclosures

(Rev. October 2018)

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information

Give Form to the requester. Do not send to the IRS.

-	1 Name (as shown on your income tay satural Alexa is as a sixty	or mondetions and the late	est information.					
	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Inliner Solutions, LLC							
	2 Business name/disregarded entity name, if different from above							
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
e. IIS	single-member LLC	pration Partnership	☐ Trust/estate	Exempt payee code (if any)				
t p	Limited liability company. Enter the tax classification (C=C corporate	ion S=S corporation P-Partner	rship) ▶ C	Exempt pay	/ee cod	ie (it an	y)	
Print or	Solution of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) C Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner. Other (see instructions) 5 Address (number, street, and apt. or suite no.) See instructions.					ATCA r	eporti	ng
ě	Other (see instructions)			(Applies to acco			tside the	U.S.)
See S			Requester's name a	nd address	(option	al)	-	
ഗ്	4520 North State Road 37 6 City, state, and ZIP code							
	Orleans, IN 47452							
	7 List account number(s) here (optional)							
	The second of th							
Par	Taxpayer Identification Number (TIN)							
Enter	your TIN in the appropriate box. The TIN provided must match the	name given on line 1 to ave	oid Social sec	urity numbe				
Dacku	p withholding. For individuals, this is generally your social security nt alien, sole proprietor, or disregarded entity, see the instructions	number (SSAI) However for	or a	7 / 1	\neg	П	T	T
entitie	s, it is your employer identification number (EIN). If you do not have	i for Part I, later. For other re a number, see <i>How to ge</i>	ta	-	-	1		
TIIV, 12	ter.		or		_			
Note: Numb	If the account is in more than one name, see the instructions for li er To Give the Requester for guidelines on whose number to enter	ne 1. Also see What Name a	and Employer I	dentificatio	n numl	ber		
	and the riequester for guidelines on whose number to enter	•	0 1 -	0 6	8 4	6	8 2	7
Part	II Certification				<u> </u>	١٠١		
A COUNTY OF THE PARTY OF THE PA	penalties of perjury, I certify that:							
 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 								
3. I am	a U.S. citizen or other U.S. person (defined below); and							
4. The	FATCA code(s) entered on this form (if any) indicating that I am ex	empt from FATCA reporting	is correct.					
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.								
Sign Here	Signature of U.S. person ►	J. D.	ate▶ 3-31-	2023)			
Gen	eral Instructions	• Form 1099-DIV (divi				or mu	itual	
Section noted.	references are to the Internal Revenue Code unless otherwise	funds) • Form 1099-MISC (vaproceeds)	arious types of inco	ome, prizes	s, awa	rds, or	gros	s
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted by were published, go to www.irs.gov/FormW9 .	 Form 1099-B (stock transactions by broke 	or mutual fund sal	es and cer	tain of	her		
	ose of Form	• Form 1099-S (proce						
	idual or entity (Form W-9 requester) who is required to file an	• Form 1099-K (merch						
identific	tion return with the IRS must obtain your correct taxpayer ation number (TIN) which may be your social security number.	1098-1 (tuition)						
(SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number			 Form 1099-C (canceled debt) Form 1099-A (acquisition or abandonment of secured property) 					
(EIN), to	report on an information return the amount paid to you, or other reportable on an information return. Examples of information	Use Form W-9 only alien), to provide your	if you are a U.S. pe	erson (inclu	iding (a resid	ent	
returns i	nclude, but are not limited to, the following.	If you do not return i		auester wi	th a T	IN. voi	ı mici	ht

• Form 1099-INT (interest earned or paid)

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

State of Indiana Office of the Secretary of State

Certificate of Amendment of GRANITE INLINER, LLC

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

The name following said transaction will be:

INLINER SOLUTIONS, LLC

NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, March 23, 2022.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 23, 2022

olli Sullian

HOLLI SULLIVAN
SECRETARY OF STATE

2002050200119 / 9363792

To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Foreign Limited Liability Company INLINER SOLUTIONS, LLC

Filing Information

 Document Number
 M02000001646

 FEI/EIN Number
 01-0684682

 Date Filed
 06/21/2002

State IN

Status ACTIVE

Last Event LC AMENDMENT AND NAME CHANGE

Event Date Filed 05/16/2022

Event Effective Date NONE

Principal Address

2601 Stout Heritage Pkwy.

Suite 100

Plainfield, IN 46168

Changed: 06/21/2022

Mailing Address

2601 Stout Heritage Pkwy.

Suite 100

Plainfield, IN 46168

Changed: 06/21/2022

Registered Agent Name & Address

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title Manager

Inland Pipe Rehabilitation, LLC 1510 Klondike Road, Suite 400 Conyers, GA 30094

Annual Reports

 Report Year
 Filed Date

 2020
 04/22/2020

 2021
 04/22/2021

 2022
 06/21/2022

Document Images

06/21/2022 ANNUAL REPORT	View image in PDF format
05/16/2022 LC Amendment and Name Change	View image in PDF format
<u>04/22/2021 ANNUAL REPORT</u>	View image in PDF format
05/12/2020 LC Amendment	View image in PDF format
04/22/2020 ANNUAL REPORT	View image in PDF format
07/09/2019 ANNUAL REPORT	View image in PDF format
07/27/2018 AMENDED ANNUAL REPORT	View image in PDF format
07/16/2018 LC Name Change	View image in PDF format
05/01/2018 ANNUAL REPORT	View image in PDF format
05/03/2017 ANNUAL REPORT	View image in PDF format
04/26/2016 ANNUAL REPORT	View image in PDF format
04/28/2015 ANNUAL REPORT	View image in PDF format
04/22/2014 ANNUAL REPORT	View image in PDF format
04/20/2013 ANNUAL REPORT	View image in PDF format
05/10/2012 ANNUAL REPORT	View image in PDF format
05/01/2012 LC Name Change	View image in PDF format
04/19/2012 ANNUAL REPORT	View image in PDF format
04/14/2011 ANNUAL REPORT	View image in PDF format
04/01/2010 ANNUAL REPORT	View image in PDF format
04/17/2009 ANNUAL REPORT	View image in PDF format
05/15/2008 ANNUAL REPORT	View image in PDF format
05/10/2007 ANNUAL REPORT	View image in PDF format
04/17/2007 ANNUAL REPORT	View image in PDF format
01/16/2006 ANNUAL REPORT	View image in PDF format
01/13/2005 ANNUAL REPORT	View image in PDF format
01/28/2004 ANNUAL REPORT	View image in PDF format
03/20/2003 ANNUAL REPORT	View image in PDF format
06/21/2002 Foreign Limited	View image in PDF format

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SUNDERMAN, JOHN ROGER

INLINER SOLUTIONS, LLC 605 SW CHANNEL AVE STUART FL 34994

LICENSE NUMBER: CUC035777

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.