Filing Fee $150.00

ID Number: 105597

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FILED
MAR 2 6 1999
By MES9 29e09

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

(To Be Filed in Duplicate)

Pursuant to the provisions of Chapter 7-16-49 of the General Laws, 1956, as amended, the undersigned limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

   Crown Atlantic Company LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Delaware

4. The date of its organization is March 18, 1999

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is 123 Dyer Street
   (Street Address, not P.O. Box)

   Providence (City/Town), RI 02903 (Zip Code) and the name of the resident agent at such address

   is C T Corporation System .

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

   c/o The Corporation Trust Company, 1209 Orange Street, Wilmington DE 19801

9. The mailing address for the limited liability company is:

   375 Southpointe Blvd. Canonsburg PA 15317

10. The limited liability company is to be managed by:

(Check one box only)

☐ its members *or* ☒ by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager.

Manager	Address
See attached list	

12. This application is accompanied by certified copies of the limited liability company's articles of organization and all amendments thereto, duly authenticated by the proper officer of the state or jurisdiction under the laws of which it is organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration and that all statements contained herein are true and correct.

Crown Atlantic Company LLC

(Exact name of Limited Liability Company making application)

*By _____

Its Kathy Broussard, Secretary

*To be signed by a person with authority to do so under the laws of the state or other jurisdiction of its organization.

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF LIMITED LIABILITY COMPANY OF "CROWN ATLANTIC COMPANY LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF MARCH, A.D. 1999, AT 4:30 O'CLOCK P.M.

Edward J. Freel, Secretary of State

3018798 8100

991117246

AUTHENTICATION: 9650498

DATE: 03-25-99

STATE OF DELAWARE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 04:30 PM 03/18/1999
991107106 - 3018798

CERTIFICATE OF FORMATION
OF
CROWN ATLANTIC COMPANY LLC

The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the State of Delaware (particularly Chapter 18, Title 6 of the Delaware Code and the acts amendatory thereof and supplemental thereto, and known, identified and referred to as the "Delaware Limited Liability Company Act"), hereby certifies that:

FIRST: The name of the limited liability company (the "Limited Liability Company") is:

Crown Atlantic Company LLC

SECOND: The address of the registered office of the Limited Liability Company, required to be maintained in the State of Delaware under Section 18-104(a)(1) of the Delaware Limited Liability Company Act, is:

Corporation Trust Center
1209 Orange Street
Wilmington, DE
New Castle County

THIRD: The registered agent in the State of Delaware for service of process on the Limited Liability Company, required under Section 18-104(a)(2) of the Delaware Limited Liability Company Act, is:

The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, DE
New Castle County

IN WITNESS WHEREOF, the undersigned, an authorized natural person within the meaning of Section 18-204 of the Delaware Limited Liability Company Act, has executed this Certificate of Formation of Crown Atlantic Company LLC on this 18th day of March, 1999.

E. Blake Hawk
Authorized Person