

**State of New York  
Department of State } ss:**

*I hereby certify, that CONNECTGEN CHAUTAUQUA COUNTY LLC a DELAWARE Limited Liability Company filed an Application for Authority pursuant to the Limited Liability Company Law on 10/09/2018. I further certify that so far as shown by the records of this Department, such Limited Liability Company is still authorized to do business in the State of New York.*



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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 03rd day of February  
two thousand and twenty.*

A handwritten signature in black ink that reads "Brendan C. Hughes".

Brendan C. Hughes  
Executive Deputy Secretary of State

# Delaware

Page 1

The First State

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "CONNECTGEN CHAUTAUQUA COUNTY LLC", FILED IN THIS OFFICE ON THE FOURTH DAY OF OCTOBER, A.D. 2018, AT 11:13 O`CLOCK A.M.*



  
Jeffrey W. Bullock, Secretary of State

7087269 8100  
SR# 20186982477

Authentication: 203550386  
Date: 10-04-18

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**CERTIFICATE OF FORMATION  
OF  
CONNECTGEN CHAUTAUQUA COUNTY LLC**

This Certificate of Formation, dated October 4, 2018, has been duly executed and is filed pursuant to Sections 18-201 and 18-204 of the Delaware Limited Liability Company Act (the “*Act*”) to form a limited liability company (the “*Company*”) under the Act.

1. **Name.** The name of the Company is:

ConnectGen Chautauqua County LLC

2. **Registered Office; Registered Agent.** The address of the registered office required to be maintained by Section 18-104 of the Act is:

Corporation Trust Center  
1209 Orange Street  
Wilmington, Delaware 19801

The name and the address of the registered agent for service of process required to be maintained by Section 18-104 of the Act are:

The Corporation Trust Company  
Corporation Trust Center  
1209 Orange Street  
Wilmington, Delaware 19801

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the date first written above.

By:

Name:   
John Rosenkild

Title: Authorized Person