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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/13/2024 10:01 AM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	2000000 2000 20	e of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the ur d, for that purpose	ndersigned applies for a , submits the following s	certificate of withdra	wal on behalf of the
1. The name of the business en	tity is Aegion Coati	ing Services LLC ust be identical to the na	me on record with the	Secretary of State.)
2. The state or country of format	tion is Texas			
The Secretary of State may for on the Secretary of State and				
580 Goddard Avenue		Chesterfield	MO	63005-3700
Street Address (No Post Office Bo	x Numbers)	City	State	Zip Code
4. The business entity is not transin the Commonwealth or pursuar from the commissioner of the De 5. The business entity revokes to the Secretary of State as its agentime it was authorized to transact the future of any change in its mass. 6. This application will be effective.	nt to KRS 14A.9-07 partment of Insural the authority of its report for service of protections in the Cailing address.	10(7) the business entity ance. registered agent to acce ocess in any proceeding	is a foreign insurer very pt service of process based on a cause of	on its behalf and appoints action arising during the
I declare under penalty of perjury	under the laws of	f Kentucky that the force	oing is true and correc	ot.
(O) P8		Daniel P. Schoer		07/10/2024
Signature of Authorized Represen	tative	Printed Name		Date

(07/20)