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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/31/2014 12:00 AM

Fee Receipt: \$90.00



## COMMONWEALTH OF KENTUCKY **ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)		FBE
Pursuant to the provisions of KRS 14A on behalf of the entity named below and			hereby applies for	authority to transact business in Kentucky
business limited pa	Irust (KRS 386).	nonprofit corporation (KRS 273) mited liability company (KRS 2		sional service corporation (KRS 274). ional limited liability company (KRS 275).
Z. THE HAIR OF THE OFFICE	ong Coal Sales, LLC	record with the Secretary of State	.)	
3. The name of the entity to be used in	Kentucky is (if applicable):			
	D	ily provide if "real name" is unav elaware	allable for use; other	wise, leave blank.)
The state or country under whose law	W the entity is organized is			The state of the s
5. The date of organization is October	er 29, 2014	and the period of dura	ation is perpetui	al
6. The mailing address of the entity's n	ringing office is			If left blank, the period of duration is considered perpetual.)
6. The mailing address of the entity's principal office is 7733 Forsyth Boulevard Suite 1625		St. Louis	МО	63105
Street Address	1020	City	State	Zip Code
7. The street address of the entity's reg	sistered office in Kentucky is			
407 Brown Road	intered emod in Northdoxy is	Madisonville	KY	42431
Street Address (No P.O. Box Numbers)	A STATE OF THE STATE OF	City	State	Zip Code
8. The names and business addresses See attached Name	of the entity's representatives Street or P.O. Box	(secretary, officers and directo	ors, managers, truste	ees or general partners):  Zip Code
Name	Street or P.O. Box	City	State	Zip Code
	1			
and treasurer are licensed in one or more statement of purposes of the corporation 10. I certify that, as of the date of filing that. 11. If a limited partnership, it elects to 12. This application will be effective upon	re states or territories of the Ur n. his application, the above-nam be a limited liability limited p n filing, unless a delayed effec	ed entity validly exists under the artnership. Check the box if tive date and/or time is provide	nbla to render a proi ne laws of the jurisdi applicable:	iction of its formation.
The effective date or the delayed effective	ve date cannot be prior to the	date the application is filed. Th	e date and/or time i	(Delayed effective date and/or time)
Topulymany	7	Jacquelyn A. Jones,		10/31/2014
Signature of A) thorized Representative		Printed Name & Title		Date
Daniel Z. Zaluski		, consent to serve as the re-	gistered agent on b	ehalf of the business entity.
Type/Print Name of Registered Agent	D. C.	7 7-heald	Davista 11	manut to do the
Observation of the second			Registered A	gent 10/31/14
Signature of Registered Agent	Printed N	ime	Title	Date

## **Managers and Officers**

J. Hord Armstrong, III, Manager, 7733 Forsyth Boulevard, Suite 1625, St. Louis, MO 63105 Martin D. Wilson, Manager and President, 7733 Forsyth Boulevard, Suite 1625, St. Louis, MO 63105 J. Richard Gist, Treasurer, 7733 Forsyth Boulevard, Suite 1625, St. Louis, MO 63105 Jacquelyn A. Jones, Secretary, 7733 Forsyth Boulevard, Suite 1625, St. Louis, MO 63105