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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/1/2022 4:07 PM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawal (Foreign Business Entity)	WFE
•	 S 14A and KRS 271B, 273, 274, 275, 362 or 386 the u Isiness entity named below and, for that purpose, subr	e 11
1. The name of the business en	tity is DTE Coal Services, Inc. (The name must be identical to the name on record with	the Secretary of State.)
2. The state or country of forma	tion is	·
	orward to the business entity at the following street ad	

Street Address (No Post Office Box Numbers)	City	State	Zip Code	
421 W. Main St.	Frankfort	KY	40601	
on the Secretary of State and commits	to notify the Secretary	of State of any future	changes to this address:	

4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.

5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is______.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Michael J. Solo, Jr.

11-18-2022

Signature of Authorized Representative

Printed Name