

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **profit corporation**.
2. The name of the entity is: **SENECA WASTE SOLUTIONS, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Iowa**.
5. The date of organization is **12/21/2007** and the period of duration is **perpetual**.

**7. Principal Office**

4140 E 14th Street  
Des Moines, IA 50313

**8. Required Representatives**

<b>Director</b>	Christopher J. Risewick	4140 E 14th Street	Des Moines	IA	50313
<b>Director</b>	J C Risewick	4140 E 14th Street	Des Moines	IA	50313
<b>Secretary</b>	Casey P Scheve	4140 E 14th Street	Des Moines	IA	50313

**9. Registered Agent/Office**

C T Corporation System  
306 W MAIN ST SUITE 512  
FRANKFORT, KY 40601

I, **Stephanie Picco, Assistant Secretary**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, September 1, 2023

As the Authorized Representative, I, **Casey P. Scheve**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Secretary**