



**WASHINGTON**  
**Secretary of State**

**Corporations & Charities Division**

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 | Website: [www.sos.wa.gov/corporations-charities](http://www.sos.wa.gov/corporations-charities)

Nonprofit Filing Fee \$20

All Other Entity Types Filing Fee \$30

To Expedite Filing, Add \$100

**FILED**  
Secretary of State  
State of Washington  
Date Filed: 02/15/2024  
Effective Date: 02/15/2024  
UBI No: 604 004 430

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**THIS BOX FOR OFFICE USE ONLY**

**AMENDMENT OF FOREIGN REGISTRATION STATEMENT**

**RCW 23.95**

**All fields REQUIRED unless otherwise specified**

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**(1) UBI No.:** 604 004 430

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**(2) NAME OF FOREIGN BUSINESS:** (as currently recorded with the Office of the Secretary of State)  
United Liquid Gas Company

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**(3) Has your registered agent or their contact details changed?** (Check one)  Yes  No If Yes, complete page 3

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**(4) BUSINESS TYPE CHANGE:**

Are you changing your business type? (Check one)  Yes  No

If Yes, select the change being made:

- Limited Liability Company     Profit Corporation     Professional Limited Liability Company
  - Professional Service Corporation     Limited Partnership     Limited Liability Partnership
  - Limited Liability Limited Partnership     Professional Limited Liability Partnership
  - Cooperative Association     Insurance Company     Bank Corporation     Bank Limited Liability Company
  - Savings and Loan Association     Credit Union
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**(5) BUSINESS ENTITY NAME CHANGE:** Are you changing your business name? (Check one)  Yes  No

New Name: Kiva United Energy, Inc.

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**Does the business have a name reserved?** (Check one)  Yes  No If Yes, provide the Name Reservation Number

Reservation Number: \_\_\_\_\_

If a foreign business entity registering with our office has a business name in their home jurisdiction that is unavailable in Washington, or their designation does not meet Washington State statutory requirements, they must choose an alternate name (DBA) to use in Washington, which includes the correct designation. Refer to [RCW 23.95.525](#) for more information.

**For Washington State name requirements see [RCW 23.95.305](#)**

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**(6) DOING BUSINESS AS (DBA) NAME:** If above name is not available, enter a name to be used in Washington State.

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**(7) JURISDICTION:** *Required only if changed*

Country: \_\_\_\_\_ State: \_\_\_\_\_

**(8) PRINCIPAL OFFICE:** *Required only if changed* The location where the business's records are kept

**Street Address (required)**

Must be a physical address; No PO Box or PMB

Address: 10281 South State Street

Zip: 84070 City: Sandy

State: UT Country: USA

**Mailing Address (optional)**

Check if mailing address is the same as street address

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**(9) GOVERNOR(S):** *Required only if changed* List at least one, attach additional pages if necessary.

A business cannot serve as its own Governor

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**(10) PERIOD OF DURATION IN HOME JURISDICTION:** *Required only if changed* Check ONE of the following

This Company shall have a perpetual duration  This Company shall have a duration of \_\_\_\_\_ years.

This Company shall expire on \_\_\_\_\_

**(11) NATURE OF BUSINESS:** *Required only if changed*

Briefly describe the type of business your business conducts in the state of Washington:

**(12) EFFECTIVE DATE OF THIS FILING:** Check ONE of the following

Date of filing  Specify a Date \_\_\_\_\_ (cannot be more than 90 days following received date)

**(13) RETURN ADDRESS FOR THIS FILING:** *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: Deborah Abernathy Email: dabernathy@orrick.com

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(14) AUTHORIZED PERSON:**

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

DocuSigned by:  
Andy Desmann  
C52FD8DC9A0043B...

Signature of Authorized Person

Andy Desmann, Vice President  
Printed Name/Title

February 14, 2024  
Date

**NEW REGISTERED AGENT: Required ONLY if question 3 was marked Yes**

A **Registered Agent** is an agent of a business which is authorized to receive service of any process, notices, or demands required or permitted by law to be served on the business including hand delivered service of process.

All businesses must have a **Registered Agent in Washington State per RCW 23.95.415**

Provide the name of the *Commercial Registered Agent* **OR** *Non-Commercial Registered Agent*. The appointed agent must sign the **Consent to Serve** statement below.

**COMMERCIAL REGISTERED AGENT**

A *Commercial Registered Agent* is a business or individual that is registered specifically as a Commercial Agent with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent address has been registered with this office in advance and does not need to provide it with this submission.

If applicable, provide the name of the Commercial Registered Agent: \_\_\_\_\_

**NON-COMMERCIAL REGISTERED AGENT**

A *Non-Commercial Registered Agent* is a person, business, or office or position title appointed to serve as the registered agent for a business. A street address located in Washington State and an email address are required; a phone number and separate Washington State mailing address are optional.

*If multiple types are listed the first type will be entered by this office*

- **Type 1:** If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- **Type 2:** If a **business** is serving as the Registered Agent, only provide the name of the business below.
- **Type 3:** If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

**Registered Agent:** \_\_\_\_\_

Phone: (optional) _____	Email: _____
<p style="text-align: center;"><b>Street Address: (required)</b></p> <p style="text-align: center;">Must be a physical address; No PO Box or PMB</p> <p>Country: <u>United States</u>      State: <u>Washington</u></p> <p>Address : _____</p> <p>_____</p> <p>Zip: _____ City: _____</p>	<p style="text-align: center;"><b>Mailing Address (optional)</b></p> <p style="text-align: center;"><input type="checkbox"/> Check if mailing address is the same as street address</p> <p>Country: <u>United States</u>      State: <u>Washington</u></p> <p>Address : _____</p> <p>_____</p> <p>Zip: _____ City: _____</p>

**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

\_\_\_\_\_  
**Signature of Registered Agent**                      **Printed Name/Title**                      **Date**



## Front Desk Transaction Request Form

Front Desk Wait

(\$100 fee for Immediate Service)

Routine

(Drop Off - 10-14 business days)

Expedite

(\$100 fee Drop Off - 2-3 Business Days)

**Name:** FAIRCHILD RECORD SEARCH, LTD.

**Address:** 3400 CAPITOL BLVD SE, SUITE 101, TUMWATER, WA 98501

**Phone:** 360-786-8775; 800-547-7007

**Email:** wacorp@recordsearch.com

UBI Number	Business Entity Name	Type of Request
604 004 430	UNITED LIQUID GAS COMPANY	A

### Type of Transactions:

- A. Formation/Articles/Registration
- B. Amendment
- C. Merger, Conversion, Domestication
- D. Annual Report, Amended Report, Reinstatement
- E. Apostille or Authentication - Country: \_\_\_\_\_
- F. Other: \_\_\_\_\_
- G. Long Form Certificate of Existence
- H. Short Form Certificate of Existence
- I. Photo Copies                       Charter Docs     Other: \_\_\_\_\_
- J. Certified Copies                       Charter Docs     Other: \_\_\_\_\_

SERVICE TYPE	FEE
Filing	
Filing	
APO	
Certificates	
Records	
Other	
Other	
Expedite Fee	
<b>TOTAL DUE:</b>	

NOTES:

Work Order #: 2024021400121879 - 1

Received Date: 02/14/2024

Amount Received: \$130.00



**WASHINGTON**  
**Secretary of State**  
Corporations & Charities Division

Corporations and Charities Division

**Physical/Overnight address:**

801 Capitol Way S  
Olympia, WA 98501-1226

**Mailing address:**

PO Box 40234  
Olympia, WA 98504-0234  
Tel: 360.725.0377

[sos.wa.gov/corps](http://sos.wa.gov/corps)

02/15/2024

KIVA UNITED ENERGY, INC.  
CORPORATION SERVICE COMPANY  
300 DESCHUTES WAY SW STE 208 MC-CSC1  
TUMWATER WA 98501

**UBI Number: 604 004 430**  
**Business Name: KIVA UNITED ENERGY, INC.**

Greetings CORPORATION SERVICE COMPANY,

Thank you for your recent submission. This letter is to confirm that the following documents have been received and successfully filed:

AMENDMENT OF FOREIGN REGISTRATION STATEMENT

You can view and download your filed document(s) for no charge at our website, [www.sos.wa.gov/ccfs](http://www.sos.wa.gov/ccfs)

To file online, request certified copies and certificates, conduct searches, subscribe to corporation and/or charities and receive filing status updates, please create a user account at [www.sos.wa.gov/ccfs](http://www.sos.wa.gov/ccfs) If you already have an account created, simply sign in to access these features.

If you have questions, need assistance, or would like to provide feedback, please visit the Corporations Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) email [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or call 360-725-0377.

Sincerely,  
Washington Secretary of State  
Corporations and Charities Division  
[corps@sos.wa.gov](mailto:corps@sos.wa.gov)