PURPOSE

The following form is for informational purposes only, and intended only to assist Applicants in the completion of their application. If any difference exists between this document and any law, regulation or case law, then such law, regulation or case law shall control.

All jurisdictional utilities and competitive natural gas providers (CNGPs) certificated by the Nebraska Public Service Commission shall provide an application and filing fee as set forth below in order to change the name under which services are provided.

Applicants seeking approval of a name change shall submit an *original and eight (8) copies of the application* to the Commission to the address below.

Executive Director
Nebraska Public Service Commission
300 The Atrium, 1200 N Street
P.O. Box 94927

Lincoln, NE 68509-4927

CNGPs/Aggregators should include a \$125 application fee. Jurisdictional utilities need not include a fee as costs will be directly assessed to them.

The application fee is required to cover the administrative costs of accepting and processing a filing. In addition, each Applicant may be assessed additional costs and expenses reasonably attributable to the application consistent with Neb. Rev. Stat. § 66-1840. Notice of the application will be published in the Daily Record, Omaha, Nebraska.

Applicants must notify the Commission during the pendency of the certification request of any material change in the representations and commitments required by this subsection within 14 days of such change.

Questions should be directed to the Natural Gas Department of the Nebraska Public Service Commission at (402) 471-3101.

PROVIDER HOLDING AUTHORITY:			
Current Company Name:	Docket Number Granting Operating Authority:	For Commission's use	
U.S. Energy Services, Inc.	NG-0018		
Any d/b/a of Company and Associated Docket Nos.:			
None			
Names Company Previously Provided Service Under and Associate	ted Docket Nos.:		
None			

PROVIDER CONTACT INFORMATION	!	
Legal Contact Name:		
Elizabeth Williams		
Legal Contact Address:		
450 South 3rd Street Suite 100 Louisville, KY 40202		
Legal Contact Phone Number:	Legal Contact Fax Number;	Legal Contact Email Address:
(502) 593-5180		ewilliams@wfscorp.com
Regulatory Contact Name:		
Matthew Foran		
Regulatory Contact Address:		
9800 NW 41st Street Suite 400 Miami, FL 33178		
Regulatory Contact Phone Number:	Regulatory Contact Fax Number:	Regulatory Contact Email Address:
(305) 351-4461	(305) 392-5600	regops@wfscorp.com
Questions Regarding this Application Should be D	irected to (Contact Name):	
Matthew Foran		
Contact Address:		
9800 NW 41st Street Suite 400 Miami, FL 33178		
Contact Phone Number:	Contact Fax Number:	Contact Email Address:

PROPOSEI	D NAME CHAN	GE:				
Kinect	Energy,	Inc.			 1,	
DATE PRO	POSED NAME	APPROVED BY	SECRETARY OF	STATE:		
Filed	on March	27, 201	L7			
ANY CHAI	NGES TO d/b/a	of COMPANY	:			
None						

OTHER INFORMATION:

Applicant *shall* attach evidence of authority to do business in Nebraska, certificates of registration by the Nebraska Secretary of State for all approved trade names under which the applicant will operate, and the applicant's state of incorporation and any further information that may assist the Commission in evaluating this application.

REPRESEN	ITATIVE SUBMITTING NOTICE
Name: N	latthew Foran
Title: S	enior Director, Regulatory & Trading Compliance
Signature	of Applicant or Applicant's Attorney (Print completed PDF form and sign): With Home
Date: S	eptember 6, 2018
VERIFICAT	TION
Mat	thew Foran being of proper age and duly sworn, states that I am the
of Applica	nt, that I have read the foregoing Application, that I am familiar with the contents thereof, and that such is
true, accu	rate, and correct to the best of my knowledge.
Name:	Matthew Foran
Title:	Senior Director, Regulatory & Trading Compliance
Signature	(Print completed PDF form and sign): When I from
Date:	September 6, 2018
	EBRASKA FLORIDA)) ss. f MIAMI DADE)
SUBSCRIBE	D AND SWORN to before me this day of September, 20_18.
Witness my	Notary Public State of Florida Teresa Kennedy My Commission GG 231322 Expires 06/21/2022 Notary Public Notary Public



APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS

John A. Gale, Secretary of State Room 1301 State Capitol, P.O. Box 94608 Lincoln, NE 68509 http://www.sos.ne.gov

Attach a certificate of existence, or document of similar import, duly authenticated by the secretary of state or other official having custody of the corporate records in the state or country under whose law the corporation is incorporated. Such certificate shall not be more than sixty (60) days old. A certified copy of the articles of incorporation should not be submitted and is not acceptable in lieu of such certificate.

of the articles of incorporation should not be submitted	l and is not acceptable	in lieu of such	certificate.
Name of Corporation Kinect Energy, Inc.	****		
Fictitious Name of Corporation* (to be used only if actual corporate name is unavailable for	r use or does not comply	with Nebraska	law)
*Must provide a resolution from the Board of Directors sign name, Note: Fictitious name must contain one of the words abbreviation thereof.	ned by the Secretary adops s incorporated, corporation	oting this fictition, limited or a	ous N
Incorporated under the laws of Floilda			
Date of Incorporation 2/0/2017 Pe	eriod of Duration perpet	ual	
Address of Principal Office 9800 NW 41st Street	Mlami	FL	33178
Street Address	City	State	Zip
Registered Agent csc-Lawyers Incorporating Service Company			
Registered Office 233 South 13th Street, Sulte 1900	Lincoln	NI	R 68508
Street Address and Post Office Box (if an	y) City		Zip
Effective date if other than the date filed			
	ny A. Quintana, Assistant Secretary	•	-
Signature ()	inted Name/Title		
The Model Business Corporation Act requires that every filing be president, or one of the officers of the corporation. If the corpora selected, the filing shall be signed by an incorporator. If the corp appointed fiduciary, the filing shall be signed by that fiduciary.	tion has not yet been forme	d or directors ha	yo not yet been
NOTE: To complete this filing you must provide a list addresses.	of officers and directo	rs names and	street
FILING FEE: \$145.00 (if you have more than one \$5.00 a page for each additional page)	e page listing officers	and director	s please add

Revised January 1, 2017

OFFICERS:

DIRECTORS:

Todd Overgard, CEO			Ira M. Birns		
Name/Title			Namo		
9800 NW 41st Street			9800 NW 41st Street		
Street Address		***	Street Address		
Miami	FL	33178	Mlami	FL	33178
City	State	Zip	Clty	State	Zip
•		•	Mehad I Ovashu		
Peter Brown, President Name/Title			Michael J. Crosby Nume		
144110/11/10		•			
9800 NW 41st Street			9800 NW 41st Street		
Street Address			Street Address		
Mlami	FL.	33178	Miami	FL	33178
City	State	Zip	City	State	Zip
Richard D. McMichael, Senior	r Vice President.	Finance			
Name/Title	7,007,100,10		Name		
9800 NW 41st Street Street Address			Street Address		
Ducci Addioss			Dilloriani		
Miami	FL	33178	- (1)	State	71m
City	State	Zip	City	State	Zip
Adrienne B. Bolan, Senior Vic	e President, Tre	asurer			
Name/Title			NT		
140mm THO			Name		
			Name		
9800 NW 41st Street Street Address	**************************************		Street Address		
0800 NW 41st Street Street Address					
9800 NW 41st Street Street Address Miami	FL State	33178 Zin	Street Address	State	Zin
0800 NW 41st Street Street Address	FL State	33178 Zip		State	Zip
9800 NW 41st Street Street Address Miami City R. Alexander Lake, Secretary	State		Street Address City	State	Zip
Street Address Miami City	State		Street Address	State	Zip
9800 NW 41st Street Street Address Mlami City R. Alexander Lake, Secretary Name/Title	State		Street Address City Name	State	Zip
9800 NW 41st Street Street Address Miami City R. Alexander Lake, Secretary	State		Street Address City	State	Zip
Miami City R. Alexander Lake, Secretary Name/Title 9800 NW 41st Street Street Address	State	Zip	Street Address City Name	State	Zip
9800 NW 41st Street Street Address Miami City R. Alexander Lake, Secretary Name/Title 9800 NW 41st Street Street Address Miami	State , FL	Zip 33178	Street Address City Name Street Address	State	
Miami City R. Alexander Lake, Secretary Name/Title 9800 NW 41st Street Street Address	State	Zip	Street Address City Name		Zip
9800 NW 41st Street Street Address Mlami City R. Alexander Lake, Secretary Name/Title 9800 NW 41st Street Street Address Mlami City Amy A. Quintana, Assistant S	State FL State	Zip 33178	Street Address City Name Street Address City		
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9800 NW 41st Street Street Address Miami City R. Alexander Lake, Secretary Name/Title 9800 NW 41st Street Street Address Miami City Amy A. Quintana, Assistant S Name/Title	State FL State	Zip 33178	Street Address City Name Street Address City		
9800 NW 41st Street Street Address Miami City R. Alexander Lake, Secretary Name/Title 9800 NW 41st Street Street Address Miami City Amy A. Quintana, Assistant S Name/Title 9800 NW 41st Street	State FL State	Zip 33178	Street Address City Name Street Address City Name		

Please Copy this page and submit additional pages if needed.

State of Florida Department of State

I certify from the records of this office that KINECT ENERGY, INC. is a corporation organized under the laws of the State of Florida, filed on February 9, 2017.

The document number of this corporation is P17000013207.

I further certify that said corporation has paid all fees due this office through December 31, 2017 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-third day of March, 2017



Ken Detonn Secretary of State

Tracking Number: CU3593009686

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication