

SECRETARY OF STATE
RECEIVED
AUG 07 1986

COMMONWEALTH OF KENTUCKY
SECRETARY OF STATE
CAPITOL BUILDING
FRANKFORT, KY 40601

10600

Commonwealth of Kentucky

05/01/86

RECORD NO. 010880

STATE OF INCORPORATION:

KENTUCKY

CORPORATE NAME: COMMERCIAL INSURANCE SERVICES OF PADUCAH, INC.

REGISTERED AGENT AND ADDRESS:

PRINCIPAL OFFICE ADDRESS:

BILL BOB CONYER
3000 SHELBORNE ST.
PADUCAH, KY. 42001

P. O. BOX 1039
PADUCAH, KY. 42001

010880

SIX (6) MONTH NOTICE OF FAILURE TO FILE ANNUAL REPORT(S)

EACH DOMESTIC CORPORATION AND EACH FOREIGN CORPORATION AUTHORIZED TO TRANSACT BUSINESS IN THIS STATE IS REQUIRED BY KENTUCKY LAW TO FILE, ON OR BEFORE JUNE 30 EACH YEAR, AN ANNUAL REPORT VERIFYING THE ABOVE-SET-OUT INFORMATION OR A STATEMENT SETTING FORTH ALL OF THE ABOVE INFORMATION.

WHENEVER A DOMESTIC OR FOREIGN CORPORATION HAS NOT FILED WITH THE SECRETARY OF STATE EITHER A STATEMENT VERIFYING THE ABOVE INFORMATION OR RECORD OR THE ANNUAL REPORT, KENTUCKY LAW KRS 271A.010, REQUIRES THIS OFFICIAL NOTICE THAT IF A STATEMENT IS NOT FILED WITHIN SIX MONTHS FROM THE DATE OF THIS NOTICE THE SECRETARY OF STATE MUST REVOKE THE CERTIFICATE OF INCORPORATION OR WITHDRAW THE CERTIFICATE OF AUTHORITY AND MAIL NOTICE OF SUCH REVOCATION OR WITHDRAWAL TO THE CORPORATION AT ITS REGISTERED ADDRESS.

FOR YOUR CONVENIENCE, RECORDS MAY BE VERIFIED BY SIGNING ON THE AUTHORIZED SIGNATURE LINE BELOW OR BY FORWARDING A STATEMENT TO THIS OFFICE SETTING FORTH THE CORRECT INFORMATION. SUCH STATEMENT MUST DECLARE THAT THE INFORMATION IS TRUE AND THAT THE PERSON SIGNING IS AUTHORIZED TO SIGN FOR THE CORPORATION. THE FILING FEE SET OUT BELOW MUST ACCOMPANY THIS VERIFICATION OR THE PREPARED STATEMENT.

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN FOR THIS ENTITY.

AUTHORIZED SIGNATURE

TITLE

PRESIDENT

TELEPHONE

449-7746

YEARS DUE: 86

FILING FEE: 5.00

(MAKE CHECKS PAYABLE TO THE KENTUCKY STATE TREASURER)