

## COMMONWEALTH OF KENTUCKY )FFICE OF SECRETARY OF STATE FRANKFORT, 40601-3493

March 24, 1988

SECRETARY OF STATE (502) 564-3490 CORPORATE FILINGS (502) 564-2848 CORPORATION RECORDS (502) 564-7330

Kentucky Revenue Cabinet Corporate Tax Division Station 52, P. O. Box 1302 Frankfort, Kentucky 40602

Attention: Supervisor, Corporate Income Tax Section

RE:

Peyton's, Inc.

Louisville, Kentucky 40232

Domestic Corporation

Incorporation Date - 12-27-1945

C T Corporation System Attn: Marylou Schooler 813 Carew Towers Cincinnati, OH 45202

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## Gentlemen:

★XXXX★X The above-named corporation has filed a Statement of Intent to Dissolve. We are forwarding a copy of that Statement to you, according to the provisions of KRS 271A.415. We also call your attention to KRS 271A.465, which requires that we receive tax clearance from the Kentucky Revenue Cabinet before we can file the Articles of Dissolution.

[ ] The above-named corporation has submitted an Application for Withdrawal from Kentucky. We are forwarding to you a copy of that Application, according to the provisions of KRS 271A.590. This provision also requires that we receive tax clearance from the Kentucky Revenue Cabinet before we can issue the Certificate of Withdrawal.

Sincerely yours,

Bremer Ehrler Secretary of State

cc: Division of Unemployment Insurance Contribution Section Cabinet for Human Resources CHR Building

## CABINET FOR HUMAN RESOURCES DEPARTMENT FOR EMPLOYMENT SERVICES DIVISION OF UNEMPLOYMENT INSURANCE FRANKFORT 40621

March 30, 1988
NOTICE TO FILE OR CORRECT REPORTS

Please complete the form (s) indicted below and return with a copy of this notice.

In Reply Refer To: MM 058877-2

Peytons Inc P O Box 34250 Louisville, KY

40232-4250

UI-3.2, Request to Place Subject Employer's Account in Inactive Status UI-3.2, Request to Place Subject Employer's Account in Inactive Status UI-2.1, Report on Change of Ownership or Discontinuance of Business in Whole or in Part (Partial transfers must show percentage of reserve transferred. Percentage should be based on amount of gross payroll transferred.)  Form attached on which you failed to complete item (s)  Please sign attached form  Please indicate date you resumed employment  Other It is necessary we have this information before issuing a clearance to the Secretary of State.	1	JI-1S, Supplemental Application for Unemployment Insurance Employer Reserve Account
UI-21, Report on Change of Ownership or Discontinuance of Business in Whole or in Part (Partial transfers must show percentage of reserve transferred. Percentage should be based on amount of gross payroll transferred.)  Form attached on which you failed to complete item (s)  Please sign attached form  Please indicate date you resumed employment  Other It is necessary we have this information before		
(Partial transfers must show percentage of reserve transferred. Percentage should be based on amount of gross payroll transferred.)  Form attached on which you failed to complete item (s)  Please sign attached form  Please indicate date you resumed employment  Other It is necessary we have this information before		UI-3.2, Request to Place Subject Employer's Account in Inactive Status
Please sign attached form  Please indicate date you resumed employment  Other		(Partial transfers must show percentage of reserve transferred. Percentage should be
Please indicate date you resumed employment		Form attached on which you failed to complete item (s)
Please indicate date you resumed employment OtherIt is necessary we have this information before	•	Please sign attached form
Other It is necessary we have this information before		
issuing a clearance to the Secretary of State.		·
		Please indicate date you resumed employment

CC: Secretary of State
RETURN FORM WITHIN TEN (10) DAYS TO:

ATTN: Corporation Records Division

Tax Collections And Accounting Branch Division of Unemployment Insurance Frankfort, Kentucky 40621