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COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE **60-DAY NOTICE AND ANNUAL REPORT** SEPTEMBER 1, 2008

MUST BE RECEIVED BY OCTOBER 31, 2008



ORGANIZATION ID	#
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STATE OR COUNTRY

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ORGANIZATION 09/25/1981 FILING \$4.00

0160221	OF INCORPORATION	IX I		DATE 00/20	<i>,</i> 1301	FEE	T
(1) CURRENT REGISTERE Changes made to the reg	ED AGENT AND REGISTERED OFFI gistered agent or registered office can a form to be mailed or download form	not be made on this form. from web site.	_	(3) A. ☐ Statement of Char B. ☐ Statement of Char MAIL FORM TO	ige of Designate ige of Registered	d or Principa I Agent or F	Il Office Address Form Registered Office Form
		RECEIVE	D				
959 LOVERS LA BOWLING GRE		SEP 0 2 20 SECRETARY OF COMMONWEALTH	STATE			··········	
(2) EXACT CORPORATE Changes made to the procomplete (3) to request	NAME AND CURRENT PRINCIPAL incipal office address cannot be made a form to be mailed or download form	OFFICE ADDRESS e on this form. n from web site.					
ELECTRICAL EQ 959 LOVERS LAN BOWLING GREE			,				
be returned if business a	6 If (5) is blank, type or print the name addresses are not listed. If the corpor ges in the principal officers and give t	ation has previously filed a	n annual r	eport, verify the names and titl	officer, please r les of officers list	ote. The and ed below. P	nual report will lease note
President						1810-1	
Vice-President			Address				
Secretary			Address				
Treasurer			Address				
			Address				
			Address		la va		
(5) DIRECTORS Type or (KRS 271B.8-010(3)).	print the names and business addre Nonprofit corporations must list the	esses of the corporation's ree (3) or more directors	directors. (KRS 273.	No listing of directors is verifice 211). The annual report will be	ation that the co	poration has ness addres	s dispensed with direct ses are not listed.
Name			Address				
Name	Luciente T		Address				
Name			Address				
Name	,	- Carrier Control of the Control of	Address				
Check here if you	are a cooperative corporation are a rural electric or rural tele	phone cooperative co	rporatio	n organized under KRS 2		IT IS EXE	CUTED.
Signature of Office	er or Chairman of the Board	Type or Pr	int Name		Title		Date

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS

Trey Grayson Secretary of State P O Box 1150 Frankfort, KY 40602-1150

OFFICE LOCATION

Secretary of State State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601 (502)-564-2848

NOTE: P O Box 1150 is for annual report filings only.

P.O. Box 1150 Frankfort, Kentucky 40602-1150 TREY GRAYSON SECRETARY OF STATE

File online at www.sos.ky.gov/annualreports DATED MATERIAL ENCLOSED

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PRESORTED FIRST CLASS





SECRETARY OF STATE COMMONWEALTH OF KY

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