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## COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE ANNUAL REPORT DUE JUNE 30, 2005



ORGANIZATION ID # 0043440

STATE OR COUNTRY OF INCORPORATION

ΚY

ORGANIZATION DATE

12/30/1970

FILING FEE \$15.00

(1) EXACT PROFESSIONAL SERVICE CORPORAT AND CURRENT PRINCIPAL OFFICE ADDRESS		
ELMER B. RATCLIFF, P.S.C.	araeu/eb	
P.O. BOX 7010, 609 MAIN ST.	RECEIVED	(A) THE DEMANDAL OFFICE ADDRESS IS HEREBY SHANGED TO
HAZARD, KY 41702	MAR 0 5 2005	(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO
	1111111 0 0 0000	
2) CURRENT REGISTERED AGENT AND REGISTEI Changes made to the registered agent or registered Complete (4) to request a form to be mailed or down	I office cannot be made on this form	L
		(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO
ELMER B. RATCLIFF		
609 MAIN ST.		
P. O. BOX 7010		RECEIVED
HAZARD, KY 41702		LOCIVED
5) PRINCIPAL OFFICERS If the corporation has pre- changes in the principal officers and give the busin principal officers. If sole officer, please note. The ar	viously filed an annual report, verify ness address for each person listed nnual report will be returned if busin	the names and titles of officers listed below. Please note about additions to or  1. If (5) is blank, type or print the names and business addresses of the current less addresses are not listed.  COMMONIAGE AS TATE
Treasurer Deborah Brock		COMMONWEALTH OF KY
Secretary Deborah Brock		Address
President Elmer B Ratcliff		Address
Tresident Eliner B Hatelin		Address
		Address
5) DIRECTORS Type or print the names and busine with directors. Nonprofit corporations must list three  Elmer B Ratcliff  Name	ess addresses of the corporation's (3) or more directors. The annual r	directors. No listing of directors is verification that the corporation has dispensed report will be returned if business addresses are not listed.
Name		Address
Name		Address
	addresses of the corporation's share	eholders. The annual report will be returned if business addresses are not listed.
Elmer B Ratcliff		Addition to the second
		Address
Name		Address
Name		Address
Inal Mulchoff mi	// TITLE	S CURBENT AS OF THE DATE THIS REPORT IS EXECUTED.  DATED 2.18.05
Signature of Officer or Charman of the		IONAL SERVICE CORPORATION
I, President of said corporation, certify that all of the service corporation are duly qualified as provided in described in this certificate.	shareholders, not less than one ha KRS Chapter 274 and a copy of su	If of the directors, and all officers other than secretary and treasurer of the professional ch annual report has been filed with the regulating board that licenses the shareholders
NNUAL REPORT AND FILING FEE	PRESIDENT'S SIGNATURE	your varent /1/11
	n and correct filing fee as indica	ated above. Make check payable to the "Kentucky State Treasurer". Please do

MAILING ADDRESS Trey Grayson Secretary of State

Secretary of State P O Box 1150 Frankfort, KY 40602-1150 OFFICE LOCATIONS

Secretary of State State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601 (502)-564-2848 Secretary of State 363 Versailles Road Frankfort, KY 40601 (502)-573-0265

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