## COMMONHEALTH OF KENTUCKY BOB BABBAGE - SECRETARY OF STATE - (502) 564-2848 P. O. BOX 1150 FRANKFORT+ KY 40602-1150

09/01/92

RECORD NC. 043441 STATE OF INCORPORATION: KENTUCKY CORPORATE NAME: RATLIFF FURNITURE COMPANY. INCORPORATED

FILING FEE: 15.00

ECWARD STONE
13 W. BROADWAY
WINCHESTER. KY. 40391-1909

PRESIDENTS SIGNATURE\_

P. O. BOX 953 WINCHESTER: KY. 40392-0953

## NOTICE

A REVIEW OF OUR RECORDS INCICATES THAT THE ABOVE NAMED CORPORATION IS PAST DUE IN FILING THE 1992 ANNUAL VERIFICATION REPORT. IN ORDER TO AVOID ADMINISTRATIVE DISSOLUTION OF REVOCATION OF CERTIFICATE OF AUTHORITY. THE ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE WITHIN SIXTY (60) DAYS FROM THE DATE OF THIS NOTICE. (ON OR BEFORE 4:30 P.M., 10/31/92)

THE CORPCRATION MAY COMPLETE THIS NOTICE AND RETURN TO THE ABOVE ADDRESS. ALONG WITH THE REQUIRED FILING FEE. ADDRESS CORRECTION REQUESTED TO THE PRINCIPAL OFFICE ADDRESS. A FORM WILL BE MAILED UPON REQUEST IF A CHANGE TO THE REGISTERED AGENT OR REGISTERED OFFICE ADDRESS HAS OCCURRED.

PLEASE TYPE OR PRINT - THE NAMES AND BUSINESS ADDRESS OF THE CORPORATIONS DIRECTORS AND PRINCIPAL OFFICERS. ATTACH A CONTINUATION SHEET IF NECESSARY. IF YOU ARE THE ONLY OFFICER, DENOTE SOLE OFFICER BY YOUR NAME AND ADDRESS.

PRESIDENT	The fact that they was any manifest that the real feet by any place does the thin manifest the same of the fact that they are the fact that the fact that the fact that they are the fact that they are the fact that they are the fa
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(PROFFESSIONAL SERVICE CORPORATIONS - I OFFICERS, YOU MUST ALSO LIST THE NAMES	N ADDITION TO THE DIRECTORS & PRINCIPAL
I VERIFY THAT THE INFORMATION CONTAINED	
THAT I AM AUTHORIZED TO SIGN THIS REPOR	
SIGNATURETITLE	DATETELPHONE
PURSUANT TO KRS 274.105. I THE UNCERSIG	
IONAL SERVICE CORPORATION. DO HEREBY CE SAID CORPORATION, NOT LESS THAN ONE HAL	F OF THE DIRECTORS, AND ALL OFFICERS
STHER THAK SECRETARY & TREASURER, ARE D	ULY QUALIFIED UNDER CHAPTER 274.



Dob Bakkeye P. O. BOX 1156

## 1092 1992

STARY OF STATE

Frankford, Ky Permit No. 1