

79452

COMMONWEALTH OF KENTUCKY
SECRETARY OF STATE
P. O. BOX 1150
FRANKFORT, KY 40602

09/01/86

RECORD NO. 079452
STATE OF INCORPORATION:
KENTUCKY

CORPORATE NAME: HARLAN HEALTH CARE CENTER, INC.

REGISTERED AGENT AND ADDRESS:

PRINCIPAL OFFICE ADDRESS:

C I CORP. SYSTEM
KY. HOME LIFE BLDG.
LOUISVILLE, KY. 40202

MOUNTS ROUTE 1
HARLAN, KY. 40831

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 OF RECORD OR THE ANNUAL REPORT, KENTUCKY LAW KRS 271A.615, 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 _____ TELEPHONE _____

YEARS DUE: 1986

FILING FEE: 5.00

(MAKE CHECKS PAYABLE TO THE KENTUCKY STATE TREASURER)