## CUMMONHEALTH OF KENTUCKY SECRETARY OF STATE P. C. BOX 1150 FRANKFORT. KY 40602

09/01/8á

RECURD NO. 053676 STATE OF INCORPURATION:

KENTUCKY

CORPORATE NAME: LIQUID ASSETS, INCORPORATED

REGISTERED AGENT AND ADDRESS:

PRINCIPAL OFFICE ADDRESS:

JOEL T. ADAMS 272 WEST MAIN ST. LEXINGTON, KY. 40507

3406 TISHOFF CT-LEXINGTON. KY. 40502

SIX (6) MONTH NUTICE OF FAILURE TO FILE ANNUAL REPORT(S)

EACH DUMESTIC CORPORATION AND EACH FOREIGN CORPURATION 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 STATE-MENT SETTING FORTH ALL OF THE ABOVE INFORMATION.

WHENEVER A DOMESTIC OR FOREIGN CORPORATION HAS NOT FILED WITH THE SECRETARY OF STATE EITHER A STATEMENT VERIFING THE ABOVE INFORMATION OF RECORD OR THE ANNUAL REPORT, KENTUCKY LAW KRS 271A.615, REQUIRES THIS OFFICIAL NOTICE THAT IF A STATE-MENT IS NOT FILED WITHIN SIX MONTHS FROM THE DATE OF THIS NOTICE THE SECRETARY OF STATE MUST REVOKE THE CERTIFICATE OF INCORPORATION OR WITHORAW 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 DUT 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

IMAKE CHECKS PAYABLE TO THE KENTUCKY STATE TREASURERI