Organization ID # 0894300 Commonwealth of Kentucky State of origin KY Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St				Received and Filed:	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application and Reinstatement Annual Report For the year 2015			11/23/2015 2:34 PM Fee Receipt: \$115.00	
Exact organization name and p APPALACHIAN HEALTH 2240 5TH AVENUE HUNTINGTON WV 4110	name/office addre form. When reinsta addresses until the reinstatement is file	e address and registered agent iss cannot be changed on this ating, you cannot modify the reinstatement is filed. Once the kd, the statement of change can be oss.kv.gov/ftsearch or can be ur website.			
Registered Agent and Registered GEOFFREY GRIFFITH 1200 CORPORATE COU ASHLAND, KY 41102 Principal Officers - List the name, ad specified, officer addresses default to the princip	IRT	officers. All organizations	must list at least one (1) officer, even	in the case of a sole officer. If not ords custodian	
President Struce	n C Shy	<u>[(66)</u>	20th St. Hunting	on, WV 25703	
Treasurer Directors - List the name and address of director addresses default to the principal office.		b listing of directors is ver	fication that the corporation has dispe		
	253 EO 601 er 50% [10] ener 32% [10]	20th St. Hi 20th St. Hi 20th St.	Dr. Prestonsburg intington, WY 23 Huntington WY Huntington WY	103 203 20703 20703	
The above entity was administrative 2015. The undersigned states that the satisfies the requirements of KRS 2	ne grounds for dissolu	ution either did not	exist or have been eliminate	d, and the entity's name	
Under penalty of perjury, the below information pertaining to APPALACI to KRS 271B.14-220.	signed hereby authori IIAN HEALTH SERVI	izes the Kentucky I ICES, INC. to the S	Department of Revenue to re ecretary of State, as require	lease any applicable tax d for reinstatement pursua	nt
If not an officer of said onthy, please Signature of officer or clairman of the bo	·	CFO	ney with the Reinstatement A	Application. <u>9/34/15</u> Date (Required)	



THOMAS B. MILLER Commissioner

## FINANCE AND ADMINISTRATION CABINET **DEPARTMENT OF REVENUE** OFFICE OF INCOME TAXATION

ELYSE WEIGEL **Deputy Commissioner** 

**BOB BROOKS Executive Director** 

November 23, 2015

## **APPALACHIAN HEALTH SERVICES, INC. 601 20TH STREET HUNTINGTON WV 25703**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate APPALACHIAN HEALTH SERVICES, INC. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0894300







## COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 11/23/2015

APPALACHIAN HEALTH SERVICES, INC.

Dear Sir/Madam:

## KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0894300

