			glowe NPRF
Organization ID # 0985002 State of origin KY Filing fee \$145.00 Commonwealth of Kentucky Michael G. Adams, Secretary of Stat		Ky Michael G. Adams	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applicatio Reinstatement Annual R For the years 2021 through 2	n and RST	
Exact organization name and prin WEST IRVINE INTERMEDI 155 RIVERVIEW RD IRVINE KY 40336	ATE COMMUNITY COALITION INCORPORATED	The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at <u>https:</u> web.sos.ky.gov/ftsearch or can be downloaded	سر ي دە
company's information here (optional): FEIN: Name: Principal Officers - List the name, a	arent company's Kentucky tax return as a disregarded entity address and title of all current officers. All organizations must list at	least one (1) officer, even in the case of a sole officer.	
	the principal office address. Corporations are required to list a Secret DA BAKER	ary or other officer serving as records custodian	
		······································	
Directors - Non-profit corporations must the principal office address.	t have at least three (3) directors. All directors of the non-profit must	be listed. If Not specified, director addresses default to	
AMANDA BAKER		·	
SUSIE JONES	· · · · · · · · · · · · · · · · · · ·		
BETHANY KIRBY			
2021. The undersigned states tha satisfies the requirements of KRS	vely dissolved on October 18, 2021 because the entity t the grounds for dissolution either did not exist or hav 273.3181. Enclosed is a check in the amount of \$145	e been eliminated, and the entity's name .00, payable to Kentucky State Treasurer.	

information pertaining to West Irvine Intermediate Community Coalition Incorporated to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an office of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

2 <u>PS</u> X Signature of, cer. Or charman of the board (Required) Title (Required) Date (Required)



West Irvine Intermed Incorporated 181 PIONEER DR RICHMOND KY, 40	liate Community Coalition 475	Notice Date: KY SoS Org. ID:	March 16, 2023 0985002		
RE:	Letter of Good Standing Request - Approved				
SUMMARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.				
OUR DETERMINATION	 We verified the following information. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. This notice will remain current for 30 days from the notice date above. 				
WHAT YOU NEED TO DO	 If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/ charity/Pages/registration.aspx. 				
CONTACT INFORMATION	If you have any questions regarding this you. Agent: Megan REVY099, Taxpayer Se Email: MeganD.Roberts@ky.gov Direct: 502-564-7310		act me. Thank		