Organization ID # 0472303 State of origin KY Filing fee \$145.00 N	Commonwealth of Kentuc lichael G. Adams, Secretary of	-	0472303.09 Michael G. Adams Kentucky Secretary of State Received and Filed:
Michael G. Adams Secretary of State P. O. Box 718	Reinstatement Application		12/1/2021 3:48 PM Fee Receipt: \$145.00
P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Annual F For the years 2019 through		
Exact organization name and prin MCADAMS, INC. P.O. BOX 190 WALTON KY 41092	ncipal office address	name/office add form. When reins addresses until th reinstatement is fi	ice address and registered agent ress cannot be changed on this stating, you cannot modify the e reinstatement is filed. Once the iled, the statement of change can be <u>is:\web.sos.ky.gov\ftsearch</u> or can om our website.
company's information here (optional): FEIN: Name: Principal Officers - List the name, ac	parent company's Kentucky tax return as a disregarde Idress and title of all current officers, All organizations must list at least	one (1) officer, even	t n in the case of a sole officer. If not
	pai office address, Corporations are required to list a Secretary or other L MAC MCADAMS	onicer serving as re	scoros custooian
Vice President SAMUE	L MAC MCADAMS	· · · · · · · · · · · · · · · · · · ·	
firector addresses default to the principal office	f all directors (if applicable).No listing of directors Is verification that the address.	corporation has disp	pensed with directors. If Not specified,
SAMUEL MAC MCADAMS			
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· · ·			· · · · · · · · · · · · · · · · · · ·
The undersigned states that the gro	ely dissolved on October 16, 2019 because the entity bunds for dissolution either did not exist or have been Enclosed is a check in the amount of \$145.00, payab	eliminated, and	d the entity's name satisfies the
	signed hereby authorizes the Kentucky Department of S, INC. to the Secretary of State, as required for reins	f Revenue to r	elease any applicable tax

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

Presier <u>X</u>

Signature of officer Or chairman of the board (Required)

Title (Required)

11-22-21 Date (Required)



MCADAMS, INC. 13076 GREEN ROAD WALTON KY 41094

Notice Date:	December 1, 2021
KY SoS Org. ID:	0472303

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 notice, please contact me. Thank you.	
	Agent: Megan REVY099, Taxpayer Services Specialist I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310	



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 12/01/2021

MCADAMS, INC.

Dear Sir/Madam:

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

The Office 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 Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0472303

