Organization ID # 0940405 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

0940405.09

mstratton **NPRF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 5/29/2018 2:04 PM Fee Receipt: \$130.00

The principal office address and registered agent

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Exact organization name and principal office address

Reinstatement Application and **Reinstatement Annual Report** For the years 2017 through 2018

RST

Date (Required)

			name/office address cannot be changed on this form. When re nstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.
ZACHARY L. 610 W. LOCU PRINCETON,	KY 42445 ncluded in a parent company's Kentucky tax retere (optional):	urn as a disregarded	
Principal Officers - L specified, officer addresses def	ist the name, address and title of all current officers. All fault to the principal office address. Corporations are requi	organizations must list at leas ired to list a Secretary or othe	r officer serving as records custodian
President	Charles FRANK BEAVERS	86 QUAIL	Dr. Princeton, Ky 424
√ice-President	JEE VAN HOOSER	105 CANTree	1 DRIPrinceton, KY 42445
Secretary	TIFFANY MASSEY	1110 Holly	LN PRINCETON, KY 42445
Treasurer	Abby Guess	4716 5/2	506 MARION KY 42445
Directors - Non-profit cor	porations must have at least three (3) directors. All director	ors of the non-profit must be li	isted. If not specified, director addresses default to the principal
KAYLA KUK	Ugha AHIKO WYATT		
The undersigned states		not exist or have been	did not file its annual report for the year 2017. In eliminated, and the entity's name satisfies the to Kentucky State Treasurer.
	y, the below signed hereby authorizes the k o VISION WEST KENTUCKY, INC. to the S		of Revenue to release any applicable tax required for reinstatement pursuant to KRS
f not an officer of said of	entity, please provide a Declaration of Pow	er of Attorney with the	Reinstatement Application.
X Charles	Fall Brawno Press	DENT	3-15-18
Signature of officer or cl	nairman of the board (Required)	Title (Required)	Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

Fax:

Notice Date:

KY SoS Org. ID:

502-564-0058

May 29, 2018

0940405

VISION WEST KENTUCKY, INC. PO BOX 1151 **PRINCETON KY 42445**

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.

1. You are registered with the Department of Revenue.

- 2. An authorized person requested this letter.
- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. 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 1. 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.
 - 2. 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.
 - 3. 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: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099