

Organization ID # 0608307
State of origin KY

Filing fee \$130.00 **Alison Lundergan Grimes, Secretary of State**

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NPRF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
4/6/2017 2:36 PM
Fee Receipt: \$130.00

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 years 2016 through 2017

RST

Exact organization name and principal office address

GOLDEN TRIANGLE RURAL HEALTH CARE NETWORK, INC.
P. O. BOX 446
OWENTON KY 40359

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 app.sos.ky.gov/fsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

MMLK, INC.
201 E. MAIN STREET
SUITE 900
LEXINGTON, KY 40507

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):
FEIN: _____ Name: _____

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	XXXXXXXXXXXXXXXXXXXX SUSAN DENISE BINGHAM	ADAM CRAFT, P.O. Box 845, 872 US Hwy 42 West, Warsaw, KY 41095
Secretary	XXXXXXXXXXXXXXXXXXXX JENNIFER THURMAN	
Treasurer	XXXXXXXXXXXXXXXXXXXX DAVID WOTIER	JENNIFER THURMAN P.O. Box 845, 872 US Hwy 42 West, Warsaw, KY 41095
Vice President	XXXXXXXXXXXXXXXXXXXX ADAM CRAFT	GEORGIA HIESE P.O. Box 845, 872 US Hwy 42 West, Warsaw, KY 41095

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

SUSAN DENISE BINGHAM	
ADAM CRAFT	
JENNIFER THURMAN	
DAVID WOTIER	

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 273.3181. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to GOLDEN TRIANGLE RURAL HEALTH CARE NETWORK, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

X

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)



DANIEL P. BORK
Commissioner

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

April 6, 2017

**GOLDEN TRIANGLE RURAL HEALTH CARE NETWORK, INC.
P. O. BOX 446
OWENTON KY 40359**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **GOLDEN TRIANGLE RURAL HEALTH CARE NETWORK, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-2169
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0608307