Organization ID # 0608307 State of origin KΥ **Commonwealth of Kentucky** 0608307 Filing fee \$190 Michael G. Adams Michael G. Adams, Secretary of St Ky Secretary of State Received and Filed 2/23/2023 4:25:17 PM Michael G. Adams Fee receipt: \$190.00 **Reinstatement Application** and Secretary of State RST P. O. Box 718 **Reinstatement Annual Report** Frankfort, KY 40602-0718 For the years 2018 through 2023 (502) 564-3490 http://www.sos.ky.gov

Exact organization name and principal office address GOLDEN TRIANGLE RURAL HEALTH CARE NETWORK, INC. 60 OLD MONTEREY ROAD OWENTON KY 40359

The principal office address and registerec agent name/office address cannot be chang on this form. When reinstating, you cannot modify the addresses until the reinstatement i filed. Once the reinstatement is filed, the statement of change will be filed.

Registered Agent and Registered Office Address

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

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 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

President	MELODY STAFFORD	OWENTON, KY 40359	
Secretary	ASHLEY SMITH	OWENTON, KY 40359	
Treasurer	KENDALL O'TOOLE	OWENTON, KY 40359	
Vice President	LAUREN KEITH	OWENTON, KY 40359	

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 the principal office address.

SUSAN DENISE BINGHAM	OWENTON, KY 40359
ADAM CRAFT	OWENTON, KY 40359
JENNIFER THURMAN	OWENTON, KY 40359
DAVID WOTIER	OWENTON, KY 40359

The above entity was administratively dissolved on 10/16/2018 because the entity did not file its annual report for the year 2018. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

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 14A.7-030.

Signature of Authorized Representative: Ashley Smith Title: Secretary 2/23/2023



GOLDEN TRIANGL NETWORK, INC. 201 E. MAIN STREE LEXINGTON KY, 40		Notice Date: KY SoS Org. ID:	February 23, 2023 0608307	
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 Depart An authorized person requested th You filed income and LLE tax return filing. You have no outstanding tax assess Collections or have a valid pay agree This notice will remain current for 30 days 	is letter. rns as required, or you ssments with the Divis eement in place.	sion of	
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 II Email: MeganD.Roberts@ky.gov Direct: 502-564-7310			