| Organization ID # 07 State of origin KY Filing fee \$115.00 | , 00 | | | of Kentuc cretary o | - | 077710 Michael G. Kentucky S Received a 12/10/2021 Fee Receip | Adams Secretary of State nd Filed: 8:43 AM | |
|--|---|--|---|------------------------|-----------------------|--|---|--|
| Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | | | | Annual F | RST | | | |
| Exact organization name and principal office address THE HARSHAW FAMILY FOUNDATION, INC. 6104 REGAL SPRINGS DRIVE LOUISVILLE KY 40205 | | | 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:/web.sos.ky.gov/ftsearch</u> or can | | | | | |
| Principal Officers - List | SHAW PRINGS DRIVE 40205 uded in a parent comp (optional): ne: the name, address and tit | any's Kentucky le of all current offic | ers. All organizati | ons must list at least | one (1) officer, eve | n in the case of a | sole officer. If not | |
| specified, officer addresses defaul President | W. FRANK HARS | | re required to list | a Secretary or other | officer serving as re | cords custodian | | |
| Secretary | W. FRANK HARS | | 1 | | | · · · · · · · · · · · · · · · · · · · | ·, | |
| | · · · · · · | 77 | | | | | | |
| | | | | | | | | |
| Directors - Non-profit corpor office address. | ations must have at least th | nree (3) directors. A | l directors of the r | ion-profit must be lis | ted. If Not specified | director address | es default to the principal | |
| W. FRANK HARSHAW | | and a second s | | | | | | |
| VIRGINIA K. HARSHAV | V . | | | | | a. a. <u></u> a | | |
| TOM J. BECK | | | 1918 - 1918 - 1918 1919 - | | | an a | | |
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| | | | | م (مرجع الم مرجع | | | | |
| | | | | | | | | |
| The above entity was adm The undersigned states the requirements of KRS 273 | at the grounds for d | issolution eithe | er did not exis | t or have been | eliminated, and | the entity's | name satisfies the | |

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to THE HARSHAW FAMILY FOUNDATION, 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.

Title (Required) round 20ch R Signature of officer Or chairman of the board (Required)



THE HARSHAW FAMILY FOUNDATION, INC. 6104 REGAL SPRINGS DRIVE LOUISVILLE KY 40205

Notice Date:December 10, 2021KY SoS Org. ID:0777107

| 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: Bruce REV3968, Taxpayer Services Specialist II Direct: 502-564-2038 | | | | | |