Organization ID# 0243708 **Commonwealth of Kentucky** State of origin

State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta Alison Lundergan Grimes

0243708.09 mstratton **NPRF**

Kentucky Secretary of State

Received and Filed: 10/24/2017 7:41 AM Fee Receipt: \$115.00

1107

Date (Required)

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

Signature of office or chairman of the board (Required)

Reinstatement Application and Reinstatement Annual Report For the year 2017

Exact organization name and principal office address GARRARD COUNTY COOPERATIVE PARISH, INC. 13 MARTIN LUTHER KING DR. LANCASTER KY 40444 Registered Agent and Registered Office Address CAROLYN B WHITTAKER 13 MARTIN LUTHER KING DR. LANCASTER, KY 40444 If the above company is included in a parent company's Kentucky tax return				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/ftsearch or can be downloaded from our website.
			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. FEIN (Optional)	
				company's information he
Principal Officers - L	ist the name, address and title o	of all current officers. Al	organizations must list at uired to list a Secretary or	reast one (1) officer, even in the case of a sole officer. If not other officer serving as records custodian
President	CAROLYN WHITTAKER			
Vice President	GLORIA CANDLER		Jenny	LYNN WhittAKER
Treasurer	CABOLYN WHITTAKER		- I	ynn Whittaker
Chairman	CAROLYN WHITTA	KER)	
Directors - Non-profit cor office address.	porations must have at least three	e (3) directors. All direct	tors of the non-profit must	be listed. If not specified, director addresses default to the principal
CAROLYN WHITTA	KER			
GLORIA CHANDLER		JENNY	Lunn Wh	ittaken
CAROL HENDERSO	4-	Juanna	Kirby	
BRO. DON BURTON				
The undersigned states	that the grounds for diss	solution either did	not exist or have be	ity did not file its annual report for the year 2017. een eliminated, and the entity's name satisfies the ole to Kentucky State Treasurer.
Under penalty of perjury	y, the below signed hereb o GARRARD COUNTY C	y authorizes the	Kentucky Departme	ent of Revenue to release any applicable tax Secretary of State, as required for reinstatement
•		eclaration of Pow	ver of Attorney with	the Reinstatement Application.
	B. whittaker			

Title (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

October 23, 2017

GARRARD COUNTY COOPERATIVE PARISH, INC. 13 MARTIN LUTHER KING DR. LANCASTER KY 40444

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **GARRARD COUNTY COOPERATIVE PARISH, 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,

Erika REV3847, Revenue Auditor II Pass Through Entity Branch 501 High Street, Mail Station 52 Frankfort, KY 40601 Phone# (502) 564-2039 Fax# (502) 564-0058

Kentucky Secretary of State organization number 0243708

