Organization ID # 0891708 **Commonwealth of Kentucky** State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

0891708.09

mstratton NPRF

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 10/13/2015 3:00 PM Fee Receipt: \$115.00

RST

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 year 2015

Exact organization name and principal office address

HEROIN SUPPORT, INC. 115 CLEARMEADOW **ALEXANDRIA KY 41001**

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.

Registered Agent and Registered Office Address

Rick Lee Rosenhagen Jr 115 Clearmeadow

Alexandria, K	··· VZ4 &	02-7425 cdl			
Principal Officers - Lis specified, officer addresses defa	st the name, address and title of ult to the principal office address.	all current officers. All organization Corporations are required to list a	s must list at least one (1) officer, e Secretary or other officer serving as		
President	Rick Rosenb	LAGEN JC 115	Clearmeadow,	Alexapolia, Kyy	100 l
Vice-President	TINK ECK	<u> </u>	2 Prospect Rd	Columbia, PA	7512
Secretary	Mike Pre	11 23	87 Martinsui	lle Rd, Martinville, B	H 45146
Treasurer	· · · · · · · · · · · · · · · · · · ·				
Directors - Non-profit corpoffice address.	orations must have at least three	(3) directors. All directors of the not	-profit must be listed. If not specifi	ed, director addresses default to the pri	ncipal
Rick Rosen	hAgen Jr	115 CLEACE	neadow, Alex	KAPDIA KY 41	00
	Kert	772 Prospe		mbia, PA 17:	512
Mike Prell			+inville RO CREA	Martinville, OH 45	146
2015. The undersigned	states that the grounds for	or dissolution either did no	exist or have been elimin	e its annual report for the yea ated, and the entity's name to Kentucky State Treasurer.	r
Under penalty of perjury information pertaining to	, the below signed hereb Heroin Support, Inc. to t	y authorizes the Kentucky he Secretary of State, as r	Department of Revenue to equired for reinstatement	o release any applicable tax pursuant to KRS 27 <u>1B.14-22</u>	0.
If not an officer of said e	ntity, please provide a D	eclaration of Power of Atto	rney with the Reinstateme	ent Application.	
x Plant		Presiden	4	9-16-2	015

Signature of officer of chairman of the board (Required)

Title (Required)

Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

October 13, 2015

Heroin Support, Inc. 115 Clearmeadow Alexandria KY 41001

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **Heroin Support, 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,

Gary REV1282, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0891708

