Organization ID # 0041009 State of origin KY Filing fee \$175.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams Kentucky Secretary of State

Received and Filed: 9/22/2022 2:31 PM Fee Receipt: \$175.00

Michael G. Adams 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 2018 through 2022

RST

| Evant | organization | name and | principal | office | 22arhhe |
|-------|--------------|----------|-----------|--------|----------|
| =xact | organization | name and | principal | Ullice | auui ess |

PERRY COUNTY FARM BUREAU OF HAZARD, PERRY COUNTY

KENTUCKY

P.O. Box 55 Bulan, KY 41713

Registered Agent and Registered Office Address

Stu Fugate PO Box 55 Bulan, Ky 41722 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 can

| | any is included in a parent company's l | Kentucky tax return | as a disregarded e | entity or a subsidiary, | please prov | ide the parent |
|-------------------------|---|--------------------------|--------------------------|-----------------------------|---------------|----------------|
| | nation here (optional): | | : | • | | |
| FEIN: | Name: | | | | • | - ' |
| | OFS - List the name, address and title of all | | | | | |
| specified, officer addr | esses default to the principal office address. Co | orporations are required | to list a Secretary or o | ther officer serving as rec | oras custoala | n - |
| President | Larry Clay | | # | | | |
| Secretary | Stu Fugate | | | | | |
| | | | 1 | | | |

| Secretary | Stu Fugate | <u> </u> | | | | | |
|--|---|-------------------------|------------------------|--------------------|-------------------------|----------------------|---------------|
| Vice President | Charles May | | | | | | |
| | | | | | | | • |
| Directors - Non-profit of office address. | corporations must have at least three (| 3) directors. All direc | tors of the non-profit | must be listed. If | Not specified, director | addresses default to | the principal |
| Bruce Fields | | | | | | | |
| Sherri Muha | | | | | · | | |
| LeeAnn McIntyre | | | i i | | | | |
| John Epperson | | | 1 | | | | |

The above entity was administratively dissolved on October 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 273.3181. Enclosed is a check in the amount of \$175.00, 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 PERRY COUNTY FARM BUREAU OF HAZARD, PERRY COUNTY, KENTUCKY 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.

| XStu Fugate M. Licht | Secretary | 9-19-2022 |
|--|------------------|--------------|
| Signature of officer Or chairman of the board (Required) | Title (Required) | Date (Requir |

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

PERRY COUNTY FARM BUREAU OF HAZARD, PERRY COUNTY, KENTUCKY P.O. BOX 313 AVAWAM KY 41713

Notice Date: September 22, 2022

KY SoS Org. ID: 0041009

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.

1. You are registered with the Department of Revenue.

2. An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

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 1. 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.
 - 2. 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.
 - 3. 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