Organization ID # State of origin Filing fee \$115.0	KY	Commonwealt ichael G. Adams,	h of Kentucky Secretary of State	Michael G. Adams
Michael G. A Secretary of P. O. Box	State	Reinstatement Appl		Kentucky Secretary of State Received and Filed: 12/14/2021 11:45 AM Fee Receipt: \$115.00
Frankfort, KY 40 (502) 564-3	Reinstatement Annual Re (502) 564-3490 ttp://www.sos.ky.gov			
Exact organization r MCCRACKE 2312 KENTU PADUCAH	EN COUNTY M JCKY AVE	cipal office address EDICAL SOCIETY, INC.	name/office add form. When rein addresses until t reinstatement is	ffice address and registered agent dress cannot be changed on this istating, you cannot modify the he reinstatement is filed. Once the filed, the statement of change can be tps:/web.sos.ky.gov/ftsearch or can rom our website.
2312 KENTU PADUCAH, I	. RANKIN, M.D JCKY AVE. KY 42003 included in a pa here (optional):		FEIN (Option as a disregarded	onal) nt
Principal Officers - specified, officer addresses d	List the name, add lefault to the principa	ress and title of all current officers. All org	anizations must list at least one (1) officer, eve I to list a Secretary or other officer serving as r	en in the case of a sole officer. If not records custodian
Treasurer		Y T RANKIN, MD		
Vice President	ALI JESS			an a
President		D ONEILL		
Secretary	EDWARI	D O'NEILL, MD	and the second secon	
Directors - Non-profit of office address.	orporations must ha	ve at least three (3) directors. All directors	of the non-profit must be listed. If Not specified	d, director addresses default to the principal
FRANK BLOCK MD				
CAROLYN WATSO	and the second sec			
NORMA RANKIN, M	D see all as			
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The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. 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 \$115.00, 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 MCCRACKEN COUNTY MEDICAL SOCIETY, 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.

Treasurer Title (Required) 12-10-2021 Date (Required) Or chairm



MCCRACKEN COUNTY MEDICAL SOCIETY, INC. **2312 KENTUCKY AVE** PADUCAH KY 42003

Notice Date: KY SoS Org. ID: 0161109

December 14, 2021

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		