Organization ID # 0845409 State of origin

Commonwealth of Kentucky Filing fee \$145.00 Alison Lundergan Grimes, Secretary of S

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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 1/24/2017 11:20 AM Fee Receipt: \$145.00

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 years 2014 through 2016

Exact organization name and principal office address WILDFLOUR BAKEHOUSE, INC. 10719 EAGLE RIDGE PLACE **LOUISVILLE KY 40223**

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

SUSAN NEELY THOMPSON 10719 EAGLE RIDGE PLACE LOUISVILLE, KY 40223



		rent officers. All organizations must list at least o rations are required to list a Secretary or other of	ne (1) officer, even in the case of a sole officer. If not ficer serving as records custodian
President	SUSAN NEELY THOMPS	SON	
Directors - List the name and director addresses default to the		e). No listing of directors is verification that the co	poration has dispensed with directors. If not specified,
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2014. The undersigned s	tates that the grounds for diss	solution either did not exist or have t	y did not file its annual report for the year been eliminated, and the entity's name 5.00, payable to Kentucky State Treasurer.
Under penalty of perjury, information pertaining to 271B.14-220.	the below signed hereby auth WILDFLOUR BAKEHOUSE,	norizes the Kentucky Department of INC. to the Secretary of State, as re	Revenue to release any applicable tax quired for reinstatement pursuant to KRS
If not an officer of said en	tjty, please provide a Declara	ation of Power of Attorney with the R	einstatement Application.
X 1/1/1/11	Muth 3000	Prosident Title (Required)	Oate (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

January 24, 2017

WILDFLOUR BAKEHOUSE, INC. 10719 EAGLE RIDGE PLACE LOUISVILLE KY 40223

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **WILDFLOUR BAKEHOUSE**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, and has paid the taxes shown to be due or assessed as of the date of this letter. 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.

Sincerely,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0845409





COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 01/24/2017
WILDFLOUR BAKEHOUSE, INC.
Dear Sir/Madam:
KRS 14A.7-030(1)(f) CERTIFICATE
The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0845409

