Organization ID # 0545111 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta Received and Filed:

0545111.09

dcornish PRPF

Alison Lundergan Grimes **Kentucky Secretary of State**

10/8/2012 12:26 PM Fee Receipt: \$115.00

Alison Lundergarı 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 2012

RST

Exact organization name and principal office address

CH, INC. 1700 FOX DR. **CATLETTSBURG KY 41129**

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

GEORGE C HILL 1700 FOX DR CATLETSBURG, KY 41129

	t the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not all to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian			
Sole Officer	GEORGE C HILL			
Directors - List the name a	nd address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, principal office address.			
GEORGE C HILL				
				
				
2012. The undersigned:	ministratively dissolved on September 11, 2012 because the entity did not file its annual report for the year states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name is of KRS 271B.14-210. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer			
Under penalty of perjury information pertaining to	the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax H, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.			
	ntity, please provide a Declaration of Power of Attorney with the Reinstatement Application.			

Signature of officer or chairman of the board (Required)



EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

Date: 10/08/2012			
CH, 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,

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

Kentucky Secretary of State organization number 0545111





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

October 8, 2012

CH, INC. 1700 FOX DR. CATLETTSBURG KY 41129

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CH, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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,

Darrell Young Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2127 FAX# 502-564-3392

Kentucky Secretary of State organization number 0545111

