Organization ID # 0329812 Commonwealth of Kentucky State of origin KY
Filing fee \$160.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 7/11/2014 2:55 PM Fee Receipt: \$160.00

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 years 2011 through 2014

Exact organization name and principal office address
ELLIOTT COUNTY SANITATION, INC.
ROUTE 3, BOX 753
OLIVE HILL KY 41164

Registered Agent and Registered Office Address

gnature of officer or chairman of the board (Required)

TRINA SARTAINE RT. 3 BOX 753 OLIVE HILL, KY 41164 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.kv.gov/ftsearch or can be downloaded from our website.

Principal Officers - List 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 specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian		
Sole Officer	TRINA SARTAINE	
		
		
	name and address of all directors (if applicable).	.No listing of directors is verification that the corporation has dispensed with directors. If not specified,
TRINA SARTAINE		
	·	
2011. The undersig	nec states that the grounds for diss	stember 10, 2011 because the entity did not file its annual report for the year colution either did not exist or have been eliminated, and the entity's name sed is a check in the amount of \$160.00, payable to Kentucky State Treasurer.
		orizes the Kentucky Department of Revenue to release any applicable tax ON, INC. to the Secretary of State, as required for reinstatement pursuant to
If not an officer of sa	aid entity, please provide a Declarat	tion of Power of Attorney with the Reinstatement Application.



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 Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

Date: 07/11/2014

ELLIOTT COUNTY SANITATION, 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,

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

Kentucky Secretary of State organization number 0329812





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

July 11, 2014

ELLIOTT COUNTY SANITATION, INC. 113 SILVERHAWK ROAD OLIVE HILL KY 41164

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **ELLIOTT COUNTY SANITATION**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

Holly REVX186, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7263 FAX# 502-564-0058

Kentucky Secretary of State organization number 0329812

