Organization ID # 0798712 State of origin KY Filing fee <b>\$115.00</b> Alisor	Commonwealth of Ke Lundergan Grimes, Se	•	0798712	0798712.09	amcray NPRF
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490Reinstatement Application and Reinstatement Annual Report For the year 2013		RST	<ul> <li>Alison Lundergan Grimes</li> <li>Kentucky Secretary of State</li> <li>Received and Filed:</li> <li>10/8/2013 2:12 PM</li> <li>Fee Receipt: \$115.00</li> </ul>	
Exact organization name and pr BLUEGRASS TRAINING 10214 PLAUDIT WAY LOUISVILLE KY 40272	ncipal office address AND THERAPY CENTER INC.	The principal office address name/office address canno form. When reinstating, you addresses until the reinstate reinstatement is filed, the sta filed online at <u>app.sos.kv.go</u> downloaded from our website	ot be changed on this cannot modify the ment is filed. Once the atement of change can be <u>ev/ftsearch</u> or can be		
Registered Agent and Registered JD ROSS 10214 PLAUDIT WAY LOUISVILLE, KY 40272	J Office Address	FEIN (Optional)			
	ess and title of all current officers. All organizations must office address, Corporations are required to list a Secreta				
President JAMES F Chairman JAMES F Secretary WILLIAM Treasurer EVERET	OSS				
Directors - Non-profit corporations must have	e at least three (3) directors. All directors of the non-profit	must be listed. If not specified, director ac	ddresses default to the pr	incipal	
JAMES ROSS	James 1	Row 1		17-1-74-5-70-50	
JAMES GROTE	resign	ed death			
EVERETT BRAY	Evere	a 113 rag			
		on deal			
CLIFFORD WILKINSON		- valer	~~~		
2013. The undersigned states that th satisfies the requirements of KRS 27 Under penalty of perjury, the below s	dissolved on September 28, 2013 because e grounds for dissolution either did not exist 3.3181. Enclosed is a check in the amount of gned hereby authorizes the Kentucky Depa S TRAINING AND THERAPY CENTER INC	or have been eliminated, and of \$115.00, payable to Kentuck rtment of Revenue to release a	the entity's name y State Treasurer. any applicable tax	ır	
reinstatement pursuant to KRS 271B	14-220.	· · ·	•		
If not an officer of said entity please	of Vige a Declaration of Polyer of Attorney V	~		2013	



THOMAS B. MILLER Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

October 8, 2013

## BLUEGRASS TRAINING AND THERAPY CENTER INC. 10214 PLAUDIT WAY LOUISVILLE KY 40272

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **BLUEGRASS TRAINING AND THERAPY CENTER INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Gary Horne, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0798712

