Organization ID # 0523214 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S

0523214.09

dcornish **PRPF**

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

10/8/2015 10:56 AM Fee Receipt: \$115.00

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 year 2015

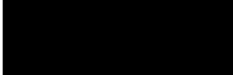
K51

Exact organization name and principal office address CLAYS MILL VETERINARY CLINIC, INC. 625 DELZAN PLACE LEXINGTON KY 40503

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

CRAIG J. BLAIR **625 DELZAN PLACE** LEXINGTON, KY 40503



		ent officers. All organizations must list at least one (1) officer, ever	
President	efault to the principal office address. Corpor	ations are required to list a Secretary or other officer serving as re	cords custodian
Vice President	MELANIE B BLAIR, DVM		
Directors - List the name director addresses default to the).No listing of directors is verification that the corporation has disp	ensed with directors. If not specified,
2015. The undersigned	d states that the grounds for diss	ptember 12, 2015 because the entity did not file it solution either did not exist or have been eliminate sed is a check in the amount of \$115.00, payable	ed, and the entity's name
		norizes the Kentucky Department of Revenue to re CLINIC, INC. to the Secretary of State, as required	
If not an officer of said	entity, please provide a Declara	tion of Power of Attorney with the Reinstatement	Application.
X Itale	Ablair	vice-President	10/8/2015
Signature of officer or of	chairman of the board (Required)	Title (Required)	Date (Required)

melanie & Blair



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: 10/08/2015

CLAYS MILL VETERINARY CLINIC, 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,

Matthew Justice
Division of Unemployment Insurance
275 East Main Street, 2-EI
Frankfort, Kentucky 40621
Phone: (502) 564-2272

Kentucky Secretary of State organization number 0523214





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

October 8, 2015

CLAYS MILL VETERINARY CLINIC, INC. 625 DELZAN PLACE LEXINGTON KY 40503

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CLAYS MILL VETERINARY CLINIC**, **INC**. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Jay REVX255, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2057 FAX# 502-564-0058

Kentucky Secretary of State organization number 0523214

