Organization ID # 0113416 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams

Kentucky Secretary of State Received and Filed: 11/21/2022 2:19 PM Fee Receipt: \$115.00

Michael G. Adams 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 2022

	ED .	SS ANCE SERVICE AND RESCUE	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 https://web.sos.ky.gov/ftsearch or can be downloaded from our website.
Registered Agent and Registered Office Address			FEIN (Optional)
JAMIE HAMILTO	ON		
KY RT 979			
P.O. BOX 99	. 14004		
GRETCHEL, KY	୍ୟ । ୦୦ । luded in a parent company's Ken	tucku tav return as a disregarde	nt
company's information here	(optional):	,	arc.
	me:		All the second s
specified, officer addresses defau President Treasurer Secretary	th to the principal office address. Corpora CHARLOTTE FRASURE JAMIE HAMILTON LORETTA ADKINS	ations are required to list a Secretary or other	one (1) officer, even in the case of a sole officer. If not officer serving as records custodian
Vice President	ZACK AKERS	<u> </u>	· · · · · · · · · · · · · · · · · · ·
JAMIE HAMILTON CHARLOTTE FRASU LORETTA ADKINS JR STRATTON	<u> </u>	tors. All directors of the non-profit must be lis	ted. If Not specified, director addresses default to the principal
MOTION			
•			
The undersigned states to equirements of KRS 273 Under penalty of perjury, nformation pertaining to	hat the grounds for dissolution .3181. Enclosed is a check in the below signed hereby auth	either did not exist or have been the amount of \$115.00, payable to orizes the Kentucky Department of F. AND AMBULANCE SERVICE A	id not file its annual report for the year 2022. eliminated, and the entity's name satisfies the to Kentucky State Treasurer. of Revenue to release any applicable tax AND RESCUE SQUAD, INCORPORATED to
If not an officer of said er	itity, nlease provide a Declarat	ion of Power of Attorney with the	Reinstatement Application
X Variet	irman of the board (Required)	TVCG SUVEV Title (Required)	/////22 /Date (Required)
•	•		
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	And the second second		

Website: www.revenue.ky.gov Phone: 502-564-8139

Fax: 502-564-0058

THE MUD CREEK FIRE DEPT. AND AMBULANCE SERVICE AND RESCUE SQUAD, INCORPORATED KY RT 979 P.O. BOX 99

Notice Date: November 21, 2022

KY SoS Org. ID: 0113416

GRETCHEL KY, 41631

RE: Letter of Good Standing Request - Approved

SUMMARY You requested a letter of good standing, and your entity is in good standing

with the Department of Revenue.

OUR DETERMINATION We verified the following information.

1. You are registered with the Department of Revenue.

2. An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

- WHAT YOU NEED TO DO 1. If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.
 - 2. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.
 - 3. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/ charity/Pages/registration.aspx.

CONTACT INFORMATION

If you have any questions regarding this notice, please contact me. Thank you.

Agent: Bruce REV3968, Taxpayer Services Specialist II

Direct: 502-564-2038