Organization ID # 0721216 State of origin KY Filing fee \$115.00 Alison	Commonwealth o Lundergan Grimes	-	0721216.09 Alison Lundergan Grimes Kentucky Secretary of Sta Received and Filed: 10/11/2013 11:22 AM		
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement A Reinstatement For the ye	Annual Report	Fee Receipt: \$115.00		
Exact organization name and principal office address OHIO VALLEY HEALTH CARE ALLIANCE, INC. 1734 MELLWOOD AVENUE LOUISVILLE KY 40206		name/office a form. When re addresses unti reinstatement filed online at a	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 <u>app.sos.ky.gov/fisearch</u> or can be downloaded from our website.		
Registered Agent and Registered JOSEPH B. WISE, III 1734 MELLWOOD AVENU LOUISVILLE, KY 40206					
Principal Officers - List the name, address specified, officer addresses default to the principal President STEVE R	office address. Corporations are required to lis	ions must list at least one (1) officer, (t a Secretary or other officer serving a	even in the case of a sole officer. If not s records custodian	t 	

President	SIEVE DANGEN	
	••••••••••••••••••••••••••••••••••••••	
office oridrees	ations must have at least three (3) direc	must be listed. If not specified, director addresses default to the principal
ROGER BAUM		
GARY BEST		

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 273.3181. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to OHIO VALLEY HEALTH CARE ALLIANCE, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

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IRPCT09 itle (Required)

<u>10-10 - 2013</u> Date (Required)



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

October 11, 2013

OHIO VALLEY HEALTH CARE ALLIANCE, INC. 3835 FITZGERALD RD LOUISVILLE KY 40216

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, OHIO VALLEY HEALTH CARE ALLIANCE, 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,

Nicole McTiernan, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0721216

