Organization ID # 0786816 State of origin KY	Commonwea	Ith of Kentuc	ky	0786816.09	amcra NPR
Filing fee \$115.00 Aliso	n Lundergan Gri	mes. Secreta	rv of St	Alison Lundergan Grime	
Alison Lundergan Grimes Secretary of State	Reinstateme	······		Kentucky Secretary of State Received and Filed: 12/26/2018 8:42 AM Fee Receipt: \$115.00	
P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatem	ent Annual Re the year 2018		RST	
Exact organization name and pri BLUEGRASS BASKETB/ 44 COLDSPRING DR STANFORD KY 40484			name/office addre form. When reinst addresses until the reinstatement is file	ce address and registered agent ess cannot be changed on this ating, you cannot modify the reinstatement is filed. Once the ed, the statement of change can be sos.ky.gov/fisearch or can be bur website.	
Registered Agent and Registered PATRICK A. GRUGIN 729 RIVER RIDGE PO BOX 1111 FRANKFORT, KY 40601 If the above company is included in a p company's information here (optional): FEIN: Name:		urn as a disregarded			
Principal Officers - List the name, ac specified, officer addresses default to the princi	stress and title of all current officers. All pal office address. Corporations are requi	organizations must list at least or ired to list a Secretary or other of	e (1) officer, even licer serving as rec	in the case of a sole officer. If not cords custodian	
	RAYMOND LIGHTFOOT SR. M.W. / DebiteR				
Vice President MIKE V	MIKE WEBSTER				
Secretary MARK	MARK STEVENS				
Treasurer PATRIC	CK A GRUGIN				
Directors - Non-profit corporations must + office address.	nave at least three (3) directors. All directo	ors of the non-profit must be listed	I. If not specified, c	director addresses default to the pri	incipal
DAVE PUGH	the second s				
DAVID HAMMOND				· · · · · · · · · · · · · · · · · · ·	
BRIAN WALLINGFORD	· · · · · · · · · · · · · · · · · · ·				·····
ANDY DUNN	At LNGE		÷	· · · · · · · · · · · · · · · · · · ·	

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 BLUEGRASS BASKETBALL ASSOCIATION 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.

Х \mathcal{N} Signature of officer or chairman of the board (Required)

TRPASULER Title (Required)



December 26, 2018

0786816

BLUEGRASS BASKETBALL ASSOCIATION INC.Notice Date:PO BOX 1111KY SoS Org. ID:FRANKFORT KY 40602KY SoS Org. ID:

RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.			
SUMMARY				
OUR DETERMINATION	We verified the following information.			
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Priya REV3969, Revenue Auditor I Email: priya.somasundaram@ky.gov Direct: (502) 564-7296			