Organization ID # 0502920 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

0502920.09

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

6/20/2014 1:06 PM

Fee Receipt: \$130.00

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 years 2013 through 2014

Exact organization name and principal office address

KENTUCKY CHAPTER ASSOCIATION OF AIR MEDICAL SERVICES,

INC

418 AIRPORT RD DANVILLE KY 40422 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

DONALD HARE



specified, officer addresses deta	aun to the principal office address. Corpo	rations are required to list a Secret	ary or other officer serving as records custodian	
President	KIM MCCARTY		<u> </u>	
Vice President	WILLIAM DUKES			
Secretary	DONALD HARE			
Treasurer	WALT MIDDLETON_			·
Directors - Non-profit corpoffice address.	porations must have at least three (3) dire	ectors. All directors of the non-profi	t must be listed. If not specified, director addresses def	ault to the principa
DAN DURMAN				
KAREN MOULTON				
WILLIAM DUKES				
JOE HILL			A American III	
DONALD HARE				

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 \$130.00, 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 KENTUCKY CHAPTER ASSOCIATION OF AIR MEDICAL SERVICES, INC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220

please provide a Declaration of Power of Attorney with the Reinstatement Application Title (Required) (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

June 20, 2014

KENTUCKY CHAPTER ASSOCIATION OF AIR MEDICAL SERVICES, INC 418 AIRPORT RD DANVILLE KY 40422

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **KENTUCKY CHAPTER ASSOCIATION OF AIR MEDICAL SERVICES, 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,

Becky REV0679, Taxpayer Services Specialist I Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2117 FAX# 502-564-3392

Kentucky Secretary of State organization number 0502920

