Organization ID # State of origin Filing fee \$130.	KY		onwealth of k gan Grimes, S	Kentucky ecretary of S 11/17	n Lundergan Grimes Icky Secretary of State Ived and Filed: /2015 8:03 AM Receipt: \$130.00
Alison Lunderg Secretary o P. O. Box Frankfort, KY 4 (502) 564- http://www.so	f State 718 0602-0718 -3490	Rein	statement App statement An r the years 2014 th	nual Report	RST
Exact organization name and pri NET RESULTS, INC. P.O. BOX 218 PROSPECT KY 40059		ncipal office a	Diffice address The principal office address and registared name/office address cannot be changed on form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Onco reinstatement is filed, the statement of change filed online at <u>app.sos.ky.gov/fiteerch</u> or can		nnot be changed on this rou cannot modify the atement is filed. Once the statement of change can be
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2014. The undersigned states that the grounds for discoursed entry of the vertice of the vertice

Under penalty of perjury, the below signed there and information perjury to NET RESULTS, INC. to the States approves the Kentucky Department of Revenue to release any applicable tax reservery of State, as required for tenstatement pursuant to KRS 271B.14-220. wer of Attomer with the Reinstatement Application.

If not please provide a De nion of Per oti α Л

ficer or chiliman of the board (Required)

e (Required)



THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

November 10, 2015

NET RESULTS, INC. P.O. BOX 218 PROSPECT KY 40059

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **NET RESULTS, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Holly REVX186, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7263 FAX# 502-564-0058

Kentucky Secretary of State organization number 0685926





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 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 11/10/2015

NET RESULTS, 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,

Jessica Harris Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0685926

