Organization ID # 0934126

Commonwealth of Kentucky State of origin KY
Filing fee \$145.00 Alison Lundergan Grimes, Secretary of State of State of Origin KY
Received and Filed:

0934126.09

Dcornish NPRF

Alison Lundergan Grimes **Kentucky Secretary of State**

1/18/2018 12:39 PM Fee Receipt: \$145.00

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 2016 through 2018

RST

Exact organization name and principal office address LADIES AUXILIARY POST 67 INC. P.O. BOX 674 CLAY CITY KY 40312

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

GERT 6111 K1 40312	filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.
Registered Agent and Registered Office Address	
MARY JO WOLF	
110 ANDY FONCH RD	
STANTON, KY 40380	
If the above company is included in a parent company's Kentucky tax i company's information here (optional):	etum as a disregardet
FEIN: Name:	
Principal Officers - List the name, address and title of all current officers. pecified, officer addresses cefault to the principal office address. Corporations are re	
President Rocky Borning liet	128 Andy touch & Stanton Ky 40380
Vice-President Sisa Police	10 KOX 1454 STANTONKU 40350
Secretary LISACIAZIC (10	01) 14 1/5 tide+ 1 () AUCITY KU 40312
Treasurer Joannatha Klumphi.	
	ectors of the non-profit must be listed. If not specified, director addresses default to the principal
BALL TIPTON RO 130	x 1993 Stanton Ky 40380
STAND MUSTIS POBOX	721 CIAU CITU KU 40312
Torosatschusen 1158 F	WY 7410 COM DTON NU 41301
The undersigned states that the grounds for dissolution either di requirements of KRS 273.3181. Enclosed is a check in the amor	•
	e Kentucky Department of Revenue to release any applicable tax the Secretary of State, as required for reinstatement pursuant to KRS
If not an officer of said entity, please provide a Declaration of Po	ower of Attorney with the Reinstatement Application. Casuma Title (Required) Date (Required)

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

502-564-0058 Fax:

LADIES AUXILIARY POST 67 INC. P.O. BOX 674 **CLAY CITY KY 40312**

Notice Date:

January 18, 2018

KY SoS Org. ID: 0934126

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 filing.

4. 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: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099