Organization ID # 0148128 State of origin

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

0148128.09

NPRF Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 3/9/2016 10:10 AM Fee Receipt: \$130.00

TOT

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 2015 through 2016

Exact organization name and principal of		name/office a	office address and registered agent ddress cannot be changed on this
CHAPTER # 4, DISABLED AMERIC KENTUCKY, INCORPORATED DISABLED AMERICAN VETERANS PO BOX 22161 OWENSBORO KY 42304-2161		form. When readdresses und reinstatement filed online at	einstating, you cannot modify the ill the reinstatement is filed. Once the is filed, the statement of change can be app.sos.ky.gov/ftsearch or can be om our website.
Registered Agent and Registered Office A BRICE D. HOWARD 1230 ALLEN ST. OWENSBORO, KY 42303-3029 Principal Officers - List the name, address and title specified, officer addresses default to the principal office address	Box #147 Box		even in the case of a sole officer. If not is records custodian
President JAMES HUFF	Sam.	BYRD	
Secretary WALTER SHIPMA	N THE	ESE Wilhile	The state of the s
Vice President HAROLD PHILLIP	S		
Treasurer BRICE HOWARD	hos_	DIBARDY	
Directors - Non-profit corporations must have at least thre office address.	ee (3) directors. All directors of the non-p	profit must be listed. If not specif	ied, director addresses default to the prin
LOUIS DRAWDY	Jenny Millay		
STEVE ROBERTSON			
FRANK MCDANIEL			
The above entity was administratively dissolved 2015. The undersigned states that the grounds satisfies the requirements of KRS 273.3181. Er	for dissolution either did not e	xist or have been elimir	nated, and the entity's name
Under penalty of perjury, the below signed here information pertaining to CHAPTER # 4, DISAB the Secretary of State, as required for reinstates	LED AMERICAN VETERANS	, DEPARTMENT OF KE	o release any applicable tax INTUCKY, INCORPORATED t
If not an officer of said entity, please provide a l	Declaration of Power of Attorn	ey with the Reinstateme	ent Application.
X Sors - Guis Signature of officer or chairman of the board (Required)	- RESSUREA	(Required)	3-4-10/b Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

March 9, 2016

CHAPTER # 4, DISABLED AMERICAN VETERANS, DEPARTMENT OF KENTUCKY, INCORPORATED DISABLED AMERICAN VETERANS BOX #147 117 E. 18TH ST OWENSBORO KY 42303-3752

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **CHAPTER # 4, DISABLED AMERICAN VETERANS, DEPARTMENT OF KENTUCKY, INCORPORATED** 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,

Stephanie REVX219, Taxpayer Services Specialist I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2028 FAX# 502-564-3392

Kentucky Secretary of State organization number 0148128

