| Organization ID #  | 0000000  |  |   |  |   | 020302                               | 0203028.09           |       |  |
|--|--|--|---|--|---|--------------------------------------|----------------------|-------|--|
| Organization ID # 0203028 Commonwealth of Kentucky<br>State of origin KY |  |  |   |  |   | Alison Lundergan Grimes              |                      |       |  |
| Filing fee \$115.0   | O Alison Lund  | dergan Gri   | imes.   | Secretar   | v of Sta                                  | Kentucky                             | Secretary of         |       |  |
|  | • • • • • • • • • • • • • • • • • • •                                      | 3  | ····,   |  | <b>,</b>                                  | Received a                           |                      |       |  |
|  |  |  |   |  |   | 11/13/201                            |                      |       |  |
| Alison Lunderga  | n Grimes   |  |   |  | -   | Fee Recei                            | pt: \$115.00         |       |  |
| Secretary of   | State Re   | Reinstatement Application                                |   |  |   |                                      | DOT                  |       |  |
| P. O. Box  | einstatement Annual Report<br>For the year 2018                            |  |   | RSI  | RST                                       |                                      |                      |       |  |
| Frankfort, KY 40   |  |  |   |  |   |                                      |                      |       |  |
| (502) 564-3<br>http://www.sos  |  |  |   |  |   |                                      |                      |       |  |
| mip.//www.sos  | s.ky.gov   |  |   |  |   |                                      |                      |       |  |
| Exact organization r   | ame and principal office   | address  | <del></del>   |  | he principal offic                        |                                      |                      |       |  |
|  | TIN COUNTY NEWS, INC   | ).   |   | fc   | ame/office addre<br>orm. When reinsta     | ting, you cannot                     | modify the           |       |  |
| 201 THIRD  | ST.  |  |   |  | ddresses until the<br>instatement is file |                                      |                      |       |  |
| BOX 435<br>WARSAW K  |  |  | fil   | ed online at app.s                               | os.ky.gov/ftsea                           |                                      |                      |       |  |
|  | 1 41035  |  | 1999 - A.   | di<br>Ta   | ownloaded from ou                         | ur website.                          |                      |       |  |
|  | d Registered Office Add  | ress.  | i mana i ve<br>i mana i ve  | F  | EIN (Option                               | al)                                  |                      | -     |  |
|  |  |  |   |  |   |                                      |                      |       |  |
| 16 WEST HI<br>WARSAW, K  |  |  |   |  |   |                                      |                      |       |  |
| If the above company is  | included in a parent compar  | ny's Kentucky tax re                                     | turn as a dis   | regarded   |   |                                      |                      |       |  |
| company's information I  |  | k <sub>erne</sub> de                                     |   | ~  |   |                                      |                      |       |  |
| FEIN:  | Name:  |  |   |  |   |                                      |                      |       |  |
| Principal Officers -<br>specified, officer addresses of                  | List the name, address and title<br>lefault to the principal office addres | of all current officers. All<br>s. Corporations are requ | l organizations<br>Jired to list a Se   | must list at least one<br>ecretary or other offi | a (1) officer, even<br>cer serving as rec | in the case of a s<br>ords custodian | sale officer. If not |       |  |
| President  | DENNY KELLY W  |  |   |  | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1  |                                      |                      |       |  |
| Secretary  | CLAY WARNICK   |  | 10.   |  | · · · · · · · · · · · · · · · · · · ·     |                                      |                      |       |  |
| Treasurer  | KELLEY WARNICI   | <u>د الم الم الم الم الم الم الم الم الم الم</u>         | 1.2   |  |   |                                      |                      |       |  |
| Vice President   | CHRISTI WARNIC   | K  |   |  | 15 - S.                                   | 2. <sup>1</sup> .                    |                      |       |  |
| Directors - List the nam   | ne and address of all directors (if a the principal office address.        | applicable).No listing of d                              | firectors is veri   | fication that the corp                           | oration has disper                        | nsed with directo                    | rs. If not specified | j,    |  |
| CLAY WARNICK   |  |  | *   |  |   | · · ·                                |                      |       |  |
| CHRISTI WARNICK  |  | ۲۴ <u>- ۲</u>  | ·<br>· · · · · · · ·  |  |   |                                      |                      |       |  |
| DENNY KELLEY W   |  |  | ر در به از وال مربع معالم<br>المراجع المربع المعالي   | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1         |   | 5. y                                 |                      |       |  |
| KELLEY WARNICK   |  |  |   |  |   | <u> </u>                             |                      |       |  |
|  |  | · · · · · · · · · · · · · · · · · · ·                    | in de la composition de la composition<br>En la composition de la |  |   | r                                    |                      |       |  |
|  |  |  | ۱۰ مان <sup>۲</sup> کو  | <u>,</u>   |   | • •                                  |                      |       |  |
| The above estimates  | administratively dissolved   | an Ostabar 16 :0   | 019 booc  | a tha antific dia                                | not filo ite on                           | Inviol roport (                      | for the year ?       | 019   |  |
| The undersioned state  | es that the grounds for dis  | solution either did                                      | not exist o   | r have been eli                                  | minated and                               | the entity's r                       | name satisfie        | s the |  |
| requirements of KRS  | 271B.14-210. Enclosed is   | a check in the arr                                       | iount of \$1  | 15.00, payable                                   | to Kentucky S                             | State Treasu                         | rer.                 |       |  |
|  |  | A 11   |   |  | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1  |                                      |                      |       |  |

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to THE GALLATIN COUNTY NEWS, 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.

| × Kelley phinick   | Treasurer        | 11/8/18         |
|--|------------------|-----------------|
| Signature of officer or chairman of the board (Required) | Title (Required) | Date (Required) |

Ł



| THE GALLATIN CC<br>201 THIRD ST.<br>BOX 435<br>WARSAW KY 41095 | DUNTY NEWS, INC.   | Notice Date:<br>KY SoS Org. ID:   | November 13, 2018<br>0203028  |  |  |  |
|--|--|---|---|--|--|--|
| RE:  | Letter of Good Standing Request - Approved   |   |   |  |  |  |
| SUMMARY  | You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.  |   |   |  |  |  |
| OUR DETERMINATION  | <ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt<br/>from filing.</li> <li>You have no outstanding tax assessments with the Division of<br/>Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol> |   |   |  |  |  |
| WHAT YOU NEED TO DO  | <ol> <li>If you are attempting to reicopy of this letter to the Kennof the notice date above.</li> <li>If you are a for-profit corporthe Secretary of State a letter Unemployment Insurance. T</li> <li>If you are a non-profit entiry your tax returns with the Kernofiling requirements website in consumerprotection/charity/F</li> </ol>   | tucky Secretary of State<br>oration, you will also not<br>of good standing from their telephone number is<br>ty, please remember to for<br>nucky Attorney General<br>s: http://ag.ky.gov/family | within 30 days<br>eed to provide<br>the Division of<br>\$ 502-564-6835.<br>ile a copy of<br>. The charity |  |  |  |
| CONTACT<br>INFORMATION   | If you have any questions regarding this notice, please contact me. Thank<br>you.<br>Agent: Nicole REVX129, Taxpayer Services Specialist II<br>Email: Nicole.McTiernan@ky.gov<br>Direct: 502-564-2062  |   |   |  |  |  |



## 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: 11/13/2018

THE GALLATIN COUNTY NEWS, 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,

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

Kentucky Secretary of State organization number 0203028

