Organization ID # 0036729 State of origin KY Filing fee \$130.00 Alise		
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Kentucky Secretary of State Received and Filed: 6/18/2019 2:06 PM Fee Receipt: \$130.00 Innual Report through 2019	
Exact organization name and pr MOTCH, INCORPORATE 613 MADISON AVE. COVINGTON KY 41011		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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.
Registered Agent and Registere SHIRLEY ALLEY 613 MADISON AVE. 613 MADISON AVE COVINGTON, KY 41011 If the above company is included in a company's information here (optional) FEIN: Name:	parent company's Kentucky tax return as a di	FEIN (Optional)
	iddress and title of all current officers. All organizations cipal office address. Corporations are required to list a S	s must list at least one (1) officer, even in the case of a sole officer. If not Secretary or other officer serving as records custodian
	MOTCH	
and the second se	EY A ALLEY	·
	MOTCH	
Treasurer EDWIN	N R MOTCH, III	

DAVID MOTCH		
SHIRLEY A ALLEY		
EDWIN R MOTCH, III		
WILLIAM B O'NEAL		
ARTHUR MOTCH, III		

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 271B.14-210. 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 MOTCH, INCORPORATED 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.

9 0 ature of officer or chairman of the board (Re Title (Required uired) ate (Required



MOTCH, INCORPORATED 613 MADISON AVE. COVINGTON KY 41011

Notice Date:	June 18, 2019	
KY SoS Org. ID:	0036729	

RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.			
SUMMARY				
OUR DETERMINATION	We verified the following information.			
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Brad REVX069, Revenue Section Supervisor Email: BradleyL.Butcher@ky.gov Direct: 502-564-2055			



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 06/14/2019

MOTCH, INCORPORATED

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 0036729

