Organization ID # 0043729 State of origin

Commonwealth of Kentucky Filing fee \$160.00 Alison Lundergan Grimes, Secretary of State Alison Lundergan Grimes

0043729.09

bschell **NPRF**

Kentucky Secretary of State

Received and Filed: 5/29/2013 11:17 AM Fee Receipt: \$160.00

731

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 2010 through 2013

Exact organization name and principal office address RECOVERY, INCORPORATED, OF KENTUCKY P. O. BOX 5402 **CHEROKEE STATION LOUISVILLE KY 402550402**

Registered Agent and Registered Office Address

MICHAEL L. KAELIN 2022 BONNYCASTLE AVE. LOUISVILLE, KY 40205

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 app.sos.ky.goviftsearch or can be downloaded from our website

Principal Officers specified, officer addresse	5 - List the name, address and title of all current officers se default to the principal office address. Corporations are to the principal office address.	All organizations must list at least one (1) onicer, even in the case of a sole onicer. If not equired to list a Secretary or other officer serving as records custodian
Treasurer	DOROTHY KRUMPLEMAN	
President	MIKE KAELIN	
Secretary	JANICE KAELIN	
Directors - Non-prof office address.	fit corporations must have at least three (3) directors. All di	rectors of the non-profit must be listed. If not specified, director addresses default to the principal
DR. M. HANIF		
RICK WARDRIP		
HELEN GRACÊ		
	showalter	
HELEN GRACE	shown ter	

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 273.3181. Enclosed is a check in the amount of \$160.00, 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 RECOVERY, INCORPORATED, OF KENTUCKY to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

f not an officer of said entity, please provide a Declaration	n of Power of Attorney with the Reinstatement App	lication.
f not an efficer of said entity, please provide a Declaration	President	5-24-2013
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

May 29, 2013

RECOVERY, INCORPORATED, OF KENTUCKY P. O. BOX 5402 CHEROKEE STATION LOUISVILLE KY 402550402

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **RECOVERY**, **INCORPORATED**, **OF KENTUCKY** 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,

Mark Kuyper, Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2118 FAX# 502-564-0058

Kentucky Secretary of State organization number 0043729

