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Commonwealth of Kentucky Received 11/21/201 Elaine N. Walker, Secretary of State Fee Received

Elaine N. Walker, Secretary of State Received and Filed: 11/21/2011 12:23 PM Fee Receipt: \$115.00

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Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

I, Elaine N. Walker, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

WEST LAKE CUMBERLAND HOSPITAL AUXILIARY, INC.

has eliminated all the grounds for dissolution, paid all fees and penalties owed to the Secretary of State, and met all other requirements for reinstatement. The effective date of reinstatement is November 21, 2011.

I further certify that WEST LAKE CUMBERLAND HOSPITAL AUXILIARY, INC. is a corporation duly incorporated and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is May 5, 1980, and whose period of duration is perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 21st day of November, 2011.



laine N. Walter

Elaine N. Walker Secretary of State Commonwealth of Kentucky 0146529



Elaine N. Walker Secretary Of State Filings Division P.O. Box 718 Frankfort, KY 40602-0718 0146529 IMPORTANT NOTICE

NOTICE Keep this copy for your records

The image on the reverse side of this card serves as your confirmation and copy that the business filing submitted was successfully filed with the Office of the Secretary of State in accordance to Kentucky Revised Statutes.

How to obtain a full page copy of your business filing

To download full page copies of the document to take to the County Clerk's Office, please visit our web site at <u>www.sos.ky.gov/online.htm</u>. If you would like to request copies of the document from our office, please download the Records Request Form at <u>www.sos.ky.gov/business/records</u> and submit to our Records department.

If you have additional questions concerning your filing, please contact our office at 502-564-3490.

WEST LAKE CUMBERLAND HOSPITAL AUXILIARY, INC. 901 WESTLAKE DRIVE COLUMBIA KY 42728