Organization ID # 0510729 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State Received and Filed:

0510729.09

mstratton NPRF

Alison Lundergan Grimes **Kentucky Secretary of State** 

4/29/2015 10:17 AM Fee Receipt: \$130.00

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 2014 through 2015

**RST** 

<b>Exact organization</b>	name and	principal	office a	ddress

GREATER BRECKINRIDGE COUNTY CHAMBER OF COMMERCE, INC. form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the **HARDINSBURG KY 40143** 

The principal office address and registered agent reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and		fice A tress	TL				
JOSEPH R. PC				• • • • •			
224 S. MAIN S	•	1					
HARDINSBURG	3, KY 4014	NV	W		AII		
Principal Officers - List	the name, stores a	ne le of all an armofu	eD. All organ	zations slub list	east de (1 dince)	en in the case of a sole officer. If not	
specified, officer addresses default			researched to	as Secretary or o	er on ter terving as	scords custodian	
President	MAY DY BOX	EK A.					
Secretary	KAKEUBIKO	<b>M</b>					
Treasurer	K KEN - CO	N .	SAL				
Vice President	A SOLMAT	INGLY		4			
<b>Directors</b> - Non-profit corpor office address.	aticus must nave a	ast three (3) directors.	<b>A</b>	he nun-profit must b	e listed. If reaspecific	Firecor addresses default to the pri	ncipal
WILLIAM HUGHES							
JAYME KNOCHEL							
KEVIN LUCAS			TEIT	1			
DEAN SCHAMORE				1 14		! /	
CINDI SPENCER				1.4		7	
The above entity was adm 2014. The undersigned st satisfies the requirements Under penalty of perjury, t	ates that the good of KRS 27 31		er 30, 201	4 because the	a place diputa Dayane to	Its annual report for the year ted, and the entity's name Kentucky State Treasurer. release any applicable tax	r
information pertaining to C required for reinstatement	GREATER BRE	NAME OF THE PARTY				the Secretary of State, as	
If not an officer of said ent	tity, please provi		Side		he Reinstatemen	t Application.	<b>ゔ</b>
Signature of officer or chair	man of the board (Re	quired)		Title (Required)		Date (Required)	



THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

April 29, 2015

## GREATER BRECKINRIDGE COUNTY CHAMBER OF COMMERCE, INC. PO BOX 725 HARDINSBURG KY 40143

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **GREATER BRECKINRIDGE COUNTY CHAMBER OF COMMERCE, INC.** 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,

Michael REVY105, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7316 FAX# 502-564-0058

Kentucky Secretary of State organization number 0510729

