Organization ID # 0687929 State of origin Filing fee

KY \$12.00

## Commonwealth of Kentucky Trey Grayson, Secretary of State

0687929.09

darmstrong NPRF

Trey Grayson, Secretary of State

Received and Filed: 11/15/2010 10:15 AM Fee Receipt: \$12.00

Trey Grayson 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 year 2010

RST

Exact organization name and principal office address THE FRIEDELL COMMITTEE FOR HEALTH SYSTEM TRANSFORMATION, INC **120 CREEKSIDE DRIVE GEORGETOWN KY 40324-8476** 

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.gov/ftsearch or can be downloaded from our website.

#### Registered Agent and Registered Office Address

CAROLYN L. DENNIS 120 CREEKSIDE DRIVE **GEORGETOWN, KY 40324-8476** 



Principal Officers - List	the name, address and title of all cu	rrent officers. All organizations must list at least one (1) officer, even	in the case of a sole officer.
President Vice President	GILBERT H. FRIEDELL JANE CHILES		
Secretary	FORREST CALICO		-
Treasurer	RICHARD HEINE		
Directors - Non-profit corpor	ations must have at least three (3) dir	rectors. All directors of the non-profit must be listed. Provide names a	nd addresses below:
GILBERT H. FRIEDELL			
GILBERT H. FRIEDELL			
CAROLYN DENNIS			
2010. The undersigned st	ates that the grounds for dis	ovember 2, 2010 because the entity did not file its a ssolution either did not exist or have been eliminated d is a check in the amount of \$12.00, payable to Ke	d, and the entity's name
information pertaining to	the below signed hereby aut THE FRIEDELL COMMITTE t pursuant to KRS 271B.14-2	thorizes the Kentucky Department of Revenue to re E FOR HEALTH SYSTEM TRANSFORMATION, IN 220.	lease any applicable tax C to the Secretary of State, as
If not an officer of said en	tity, please provide a Declar	ration of Power of Attorney with the Reinstatement A	Application.
X Signature of officer or chair	man of the board (Required)	President Title (Required)	// -1 2 -1 0  Date (Required)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

DON RICHARDSON Executive Director

November 15, 2010

# THE FRIEDELL COMMITTEE FOR HEALTH SYSTEM TRANSFORMATION, INC 120 CREEKSIDE DRIVE GEORGETOWN KY 40324-8476

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **THE FRIEDELL COMMITTEE FOR HEALTH SYSTEM TRANSFORMATION, 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,

MaryLinda Wilson, Revenue Auditor Division of Corporation Tax 501 High Street, 7th Floor, Sta. 52 Frankfort, KY 40601 502-564-2104 FAX# 502-564-0058

Kentucky Secretary of State organization number 0687929

