Organization ID # 0285534 State of origin Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams **Kentucky Secretary of State**

Received and Filed: 11/21/2022 1:18 PM Fee Receipt: \$130.00

Michael G. Adams 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 2021 through 2022

Exact organization name and principal office address **BINGHAM RECLAMATION CORPORATION** 611 NORTH 19TH STREET **MIDDLESBORO KY 40965**

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 https:

			from our website.	earon or can be downloaded
Registered Agent	and Registered Office Address			
GARRYB	INGHAM			7
	OKEE DRIVE			Ţ
	BORO, KY 40965			3
	y is included in a parent company's Kentucky	tax return as a disregard	·····	rent
company's information	, , ,			
FEIN:	Name:			
Principal Office	TS - List the name, address and title of all current addresses default to the principal office address. Co	officers. All organizations morporations are required to lis	nust list at least one (1) officer, at a Secretary or other officer s	even in the case of a sole officer.
President	GARRY BINGHAM		<u> </u>	
Secretary	MELISSA BINGHAM			
				
	name And address of all directors (if applicable).No	o listing of directors is verif	ication that the corporation has	dispensed with directors. If Not
2021. The unders	ras administratively dissolved on Octobe igned states that the grounds for dissolu rements of KRS 271B.14-210. Enclosed	tion either did not exis	t or have been eliminate	ed, and the entity's name
information pertai to KRS 271B.14-2		ORATION to the Secre	etary of State, as required	l for reinstatement pursuant
If not an/officer of	said entity/please provide a Declaration	of Pøwer of Attorney w	ith the Reinstatement A	oplication.
× Thelas	ar Or chalman of the board (Required)	Accentary Title (Refe		11-15-22 Date (Required)
3191126013 31 011101			•	

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

BINGHAM RECLAMATION CORPORATION 21 CHEROKEE DRIVE **MIDDLESBORO KY, 40965**

Notice Date: November 21, 2022

KY SoS Org. ID: 0285534

RE: Letter of Good Standing Request - Approved

SUMMARY

You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.

OUR DETERMINATION

We verified the following information.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. 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 1. 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.
 - 2. 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.
 - 3. 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: Megan REVY099, Taxpayer Services Specialist II

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 11/21/2022

BINGHAM RECLAMATION CORPORATION

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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,

Samantha Tabor Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272

Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0285534

