rganization ID # 0020335 Commonwealth of Kentucky sate of origin KY Iling fee \$145.00 Alison Lundergan Grimes, Secretary of Sta			0020335.09 dcorni NPF Alison Lundergan Grimes	
Alison Lundergan Secretary of St P. O. Box 71 Frankfort, KY 4060 (502) 564-349 http://www.sos.ky	Grimes ate Reinstat 3 2-0718 Reinsta 90 For the	ement Application and ement Annual Report years 2016 through 2018		Kentucky Secretary of State Received and Filed: 6/21/2018 10:57 AM Fee Receipt: \$145.00
	ne and principal office address TY VETERANS MEMORIAL, INCO VN KY 41097	ORPORATED	name/office add form, When reins addresses until the reinstatement is f	fice address and registered agent ress cannot be changed on this stating, you cannot modify the re reinstatement is filed. Once the iled, the statement of change can be <u>o.sos.ky.gov/ftsearch</u> or can be our website.
DWIGHT MCC 125 LYNNWOO WILLIAMSTOV If the above company is inicompany's information her FEIN:N Principal Officers - Lia	DD DRIVE VN, KY 41097 cluded in a parent company's Kentuck e (optional): ame: it the <b>name, address and title</b> of all current of	fficers. All organizations must list at leas	FEIN (Option	en in the case of a sole officer. If not
specified, officer addresses defa	ult to the principal office address. Corporation	Sare required to list a Secretary of other	SKOUS	Adjutant
-Vice President	CHUCK CLARK	and the second s	Mon del	
Treasurer	DWIGHT MCCOMAS		uder	
Directors - Non-profit corp office address. WILLIAM J RHOTON JIM-SYDNOR~ WAYNE HORN	Dirations must have at least three (3) directors	All directors of the non-profit must be lit Ch BARLOW Chy BROWN CH BROWN	sted. If not specified	, director addresses default to the principal
The above entity was ac The undersigned states	ministratively dissolved on Octobe that the grounds for dissolution eit 3.3181. Enclosed is a check in the	ther did not exist or have been	eliminated, an	d the entity's name satisfies the

-----

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to GRANT COUNTY VETERANS MEMORIAL, INCORPORATED to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity please provide a Declaration of Power of Attorney with the Reinstatement Application.

itAn June ignature of officer airman of the board (Required) Title (Required) Date (Required



GRANT COUNTY V INCORPORATED 1106 N. MAIN WILLIAMSTOWN F	ETERANS MEMORIAL, XY 41097	Notice Date: KY SoS Org. ID:	June 21, 2018 0020335		
RE:	Letter of Good Standing Request - Approved				
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.				
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>				
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstate copy of this letter to the Kentucky of the notice date above.</li> <li>If you are a for-profit corporation the Secretary of State a letter of go Unemployment Insurance. Their t</li> <li>If you are a non-profit entity, pl your tax returns with the Kentucky filing requirements website is: http consumerprotection/charity/Pages</li> </ol>	Secretary of State on, you will also no ood standing from t elephone number is ease remember to f y Attorney General p://ag.ky.gov/famil	within 30 days eed to provide the Division of \$ 502-564-6835. The a copy of . The charity		
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Ramon REV4636, Taxpayer Services Specialist I Email: Ramon.Juanso@ky.gov Direct: 502-564-2169				