

Organization ID # 0117135

State of origin KY

Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

Commonwealth of Kentucky

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NPRF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
10/22/2015 3:26 PM
Fee Receipt: \$115.00

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 year 2015

RST

Exact organization name and principal office address

OWSLEY COUNTY HEALTH CARE CENTER, INC.
P.O. BOX 250
BOONEVILLE KY 413140250

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

TIMOTHY C. WILLS
333 WEST VINE STREET
SUITE 1700
LEXINGTON, KY 40507

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President TRAVIS SMITH

Secretary DALE BISHOP

Treasurer DALE BISHOP

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

ARNOLD WILSON

DALE ROBERTS

DALE BISHOP

BOBBY SMITH

JASON WILSON

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 273.3181. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to OWSLEY COUNTY HEALTH CARE CENTER, INC. 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.

X Travis Smith
Signature of officer or chairman of the board (Required)

Chairman of Board
Title (Required)

9-29-15
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

October 22, 2015

**OWSLEY COUNTY HEALTH CARE CENTER, INC.
P.O. BOX 250
BOONEVILLE KY 413140250**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **OWSLEY COUNTY HEALTH CARE CENTER, 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,

Holly REVX186, Revenue Auditor II
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7263
FAX# 502-564-0058

Kentucky Secretary of State organization number 0117135