Organization ID # 0337836 State of origin

Commonwealth of Kentucky Filing fee \$310.00 Alison Lundergan Grimes, Secretary of \$t

0337836.09

mstratton

Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 9/1/2017 2:37 PM Fee Receipt: \$310.00

731

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 2004 through 2017

Exact organization name and print	ncipal office	address
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MERRIMACK VALLEY CORPORATION 650 E CENTER ST **% PENNYRILE BUSINESS SERVICE MADISONVILLE KY 42431**

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.

FEIN (Optional)

Registered Agent and Registered Office Address

ROBERT L MURPHY 650 E. CENTER ST PO BOX 53

MADISONVILLE, KY 42431

If the above company is included in a parent company's Kentucky tax return as a disregarded

company's information	here (optional):
FEIN:	Name:
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	ROBERT L MURPHY	P.O. Box 53, Madisonville, KY 42431
irectors - List the n	ame and address of all directors (if applicable) No lis	ting of directors is verification that the corporation has discoursed with directors. If not specific
	ame and address of all directors (if applicable). No listo the principal office address.	ting of directors is verification that the corporation has dispensed with directors. If not specified
		ting of directors is verification that the corporation has clispensed with directors. If not specified
		ting of directors is verification that the corporation has clispensed with directors. If not specified
		ting of directors is verification that the corporation has clispensed with directors. If not specified

The above entity was administratively dissolved on November 8, 2004 because the entity did not file ts annual report for the year 2004. 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 271B.14-210. Enclosed is a check in the amount of \$310.00, 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 MERRIMACK VALLEY CORPORATION to the Secretary of State, as required for reinstatement pursuant to KRS 27 1B.14-220.

If not an officer of said entity, please provide a Decla	aration of Power of Attorney with the Reins	tatement Application. ,
X Robert L Murphy	President	8/30/17
Signature of officer or chairman of the Board (Required)	Title (Required)	Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

September 1, 2017

MERRIMACK VALLEY CORPORATION 1126 WOODLAWN TRACE MADISONVILLE, KY 42431

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MERRIMACK VALLEY CORPORATION** has filed Kentucky Income Tax Returns through the tax year ended 2015, and has paid the taxes shown to be due or assessed as of the date of this letter. 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.

Sincerely,

John REV3858, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 Phone# (502) 564-2099 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0337836





COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH **EMPLOYER STATUS SECTION** 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 09/01/2017

MERRIMACK VALLEY CORPORATION

Dear Sir/Madam:

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

The Division 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,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0337836

