

Organization ID # 0041539

State of origin KY

Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0041539.09

Dornish
NPRF

Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:

10/13/2017 2:01 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 2017

RST

Exact organization name and principal office address

PINEVILLE COMMUNITY HOSPITAL ASSOCIATION, INC.
850 RIVERVIEW AVE.
PINEVILLE KY 40977

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

GORDON LARSON
850 RIVERVIEW AVENUE
PINEVILLE, KY 40977

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. 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

STACE HOLLAND

Rick Tichenor

Secretary

JOHN JONES

CFO

Matthew Brock

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.

~~JOHN O HOWARD~~

JOHN JONES

CHARLES BISHOP

Jay Steel

David Gumbrell

Larry Wooten

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 PINEVILLE COMMUNITY HOSPITAL ASSOCIATION, 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

Signature of officer or chairman of the board (Required)

CFO

Title (Required)

10/12/17

Date (Required)



DANIEL P. BORK
Commissioner

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

October 13, 2017

**PINEVILLE COMMUNITY HOSPITAL ASSOCIATION, INC.
850 RIVERVIEW AVE.
PINEVILLE KY 40977**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **PINEVILLE COMMUNITY HOSPITAL ASSOCIATION, 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,

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 0041539