Organization ID# State of origin

Filing fee

0259639

KY

Commonwealth of Kentucky \$160.00 Elaine N. Walker, Secretary of State Received and Filed:

0259639.09

dcornish PRPF

Elaine N. Walker, Secretary of State

2/1/2011 1:52 PM Fee Receipt: \$160.00

Elaine N. Walker 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 2008 through 2011

RST

Exact organization name and principal office address KAH, INC. 122 E. MAIN ST. **LOUISVILLE KY 40202**

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

KATHERINE A. LAGRO 122 E. MAIN ST. LOUISVILLE, KY 40202



specified, officer addresses defau	It to the principal office address. C	orporations are require	d to list a Secretary or other of	ficer serving as records of	custodian
Sale Officer	KATHERINE A. LAGRO				
OFFICER	PAPZYC L	AGRO			
<u> </u>					
Directors - List the name a director addresses default to the	nd address of all directors (if appli principal office address.	cable).No listing of dire	ctors is verification that the cor	poration has dispensed v	with directors. If not specified,
KATHERINE A LAGRO)				
					
					
2008. The undersigned s	ministratively dissolved or states that the grounds for s of KRS 271B.14-210. Ed	dissolution either	r did not exist or have b	een eliminated, an	nd the entity's name
	the below signed hereby KAH, INC. to the Secretar				
If not an officer of said	ntity, please provide a Dec	claration of Power	of Attorney with the R	einstatement Appli	cation.
x AHMAH	UM)	PRESI			1/3//2011
Signature of officer of cha	irman of the board (Required)		Title (Required)		Date (Required)

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



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

DON RICHARDSON Executive Director

February 1, 2011

KAH, INC. 122 E. MAIN ST. LOUISVILLE KY 40202

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **KAH, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

Theresa Collins, Taxpayer Specialist II Division of Corporation Tax 501 High Street, 7th Floor, Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0259639





EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

Date: 02/01/2011		
KAH, INC.		
Dear Sir/Madam:		
	KRS 271B.14-220(1)(e) CERTIFICAT	Ē

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

Molly Albrecht Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0259639

