

Organization ID # 0269739

State of origin KY

Filing fee \$130.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State



0269739.09

vmiller
NPRF

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
1/14/2020 11:15 AM
Fee Receipt: \$130.00

RST

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

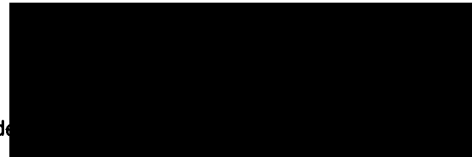
Reinstatement Application and Reinstatement Annual Report For the years 2019 through 2020

Exact organization name and principal office address

ASSOCIATION OF COMMUNITY HEALTH NURSING EDUCATORS
INCORPORATED
10200 WEST 44TH AVENUE
SUITE 304
WHEAT RIDGE CO 80033

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



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

Authorized Rep	ANN CROSSE
President	PAMELA LEVIN
Secretary	KRISTA JONES
Treasurer	BARBARA POLIVKA

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.

LORI EDWARDS	
DONNA KAZEMI	
LISA KIRK WIESE	
BECKY DAVIS	
CLAUDIA SMITH	

The above entity was administratively dissolved on December 26, 2019 because the entity did not maintain its registered agent or registered office address in this state for sixty (60) days or more. 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 \$130.00, 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 ASSOCIATION OF COMMUNITY HEALTH NURSING EDUCATORS 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.

X Pam Levin, President 1/10/2020

Signature of officer Or chairman of the board (Required) Title (Required) Date (Required)



KENTUCKY DEPARTMENT OF REVENUE
DIVISION OF CORPORATION TAX
501 HIGH STREET, STATION 52
FRANKFORT, KENTUCKY 40601-2103

Website: www.revenue.ky.gov
Phone: 502-564-8139
Fax: 502-564-0058

**ASSOCIATION OF COMMUNITY HEALTH NURSING
EDUCATORS INCORPORATED**
11 West Monument Ave
Suite 510
Dayton, OH 45402

Notice Date: January 14, 2020
KY SoS Org. ID: 0269739

RE: *Letter of Good Standing Request - Approved*

SUMMARY You requested a letter of good standing, and your entity is in **good standing** with the Department of Revenue.

OUR DETERMINATION We verified the following information.

1. You are registered with the Department of Revenue.
2. An authorized person requested this letter.
3. You filed income and LLE tax returns as required, or you are exempt from filing.
4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

WHAT YOU NEED TO DO

1. **If you are attempting to reinstate your entity**, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.
2. **If you are a for-profit corporation**, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.
3. **If you are a non-profit entity**, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: <http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx>.

CONTACT INFORMATION If you have any questions regarding this notice, please contact me. Thank you.

Agent: Megan REVY099, Taxpayer Services Specialist I
Email: MeganD.Roberts@ky.gov
Direct: 502-564-7310
