

Organization ID # 0853044

State of origin KY

Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0853044.09

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Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:

10/15/2014 2:27 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 2014

RST

Exact organization name and principal office address

MOUNTAIN FAMILY PRACTICE CLINIC OF MANCHESTER, INC.
86 HWY 638
MANCHESTER KY 40962

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/research or can be downloaded from our website.

Registered Agent and Registered Office Address

KIM BREWER COX
86 HWY 638
MANCHESTER, KY 40962

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	<u>Kim Brewer Cox</u>	<u>86 Hwy 638, Manchester, KY 40962</u>
Vice-President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

<u>Kim Brewer Cox</u>	<u>86 Hwy 638, Manchester, KY 40962</u>
_____	_____
_____	_____
_____	_____

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 \$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 MOUNTAIN FAMILY PRACTICE CLINIC OF MANCHESTER, 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.

<u>X</u> <u>Kim Brewer Cox</u>	<u>President</u>	<u>10/13/14</u>
Signature of officer or chairman of the board (Required)	Title (Required)	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 15, 2014

**MOUNTAIN FAMILY PRACTICE CLINIC OF MANCHESTER, INC.
86 HWY 638
MANCHESTER KY 40962**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MOUNTAIN FAMILY PRACTICE CLINIC OF MANCHESTER, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Matthew REVE222, Revenue Auditor II
Division of Corporation Tax
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-2169
FAX# 502-564-3392

Kentucky Secretary of State organization number 0853044



**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

Thomas O. Zawacki
Secretary

Buddy Hoskinson
Executive Director

Date: 10/15/2014

MOUNTAIN FAMILY PRACTICE CLINIC OF MANCHESTER, INC.

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 0853044