

Organization ID # 0971945  
State of origin KY  
Filing fee \$115.00

# Commonwealth of Kentucky

## Alison Lundergan Grimes, Secretary of State

0971945.09 dcornish  
NPRF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
10/30/2018 8:56 AM  
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 2018

**RST**

Exact organization name and principal office address  
**ASSOCIATION HEALTHCARE CONSORTIUM, INC.**  
600 W MAIN ST STE 400  
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/ftssearch](http://app.sos.ky.gov/ftssearch) or can be downloaded from our website.

Registered Agent and Registered Office Address  
Debra Kaye Stamper  
600 W Main St Ste 400  
Louisville, KY 40202

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	_____	_____
Vice-President	_____	_____
Secretary	Debra K. Stamper	600 West Main Street, Suite 400, Louisville, KY 40202
Treasurer	_____	_____

**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.

W. Fred Brashear, II	22023 Main Street, Hyden, KY 41749
Neil S. Bryan	41 Ferry Street, Milton, KY 40045
Ballard W. Cassidy, Jr.	600 West Main Street, Suite 400, Louisville, KY 40202
_____	_____
_____	_____

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 Association Healthcare Consortium, 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 Debra K. Stamper Secretary 10-26-18  
 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](http://www.revenue.ky.gov)  
Phone: 502-564-8139  
Fax: 502-564-0058

**Association Healthcare Consortium, Inc.**  
**600 W Main St Ste 400**  
**Louisville KY 40202**

Notice Date: October 29, 2018  
KY SoS Org. ID: 0971945

**RE:** *Letter of Good Standing Request - Approved*

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

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**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.

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**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>.

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

Agent: Nicole REVX129, Taxpayer Services Specialist II  
Email: [Nicole.McTiernan@ky.gov](mailto:Nicole.McTiernan@ky.gov)  
Direct: 502-564-2062

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