Organization ID # 0991645 Commonwealth of Kentucky State of origin KY Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 7/22/2019 1:19 PM 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 2018 through 2019

Exact professional service corporation name and principal office address

JWSC , PSC 676 SOLOMON LANE HAZARD KY 41701

JAMES W COMBS

Registered Agent and Registered Office Address

Signature of officer or chairman of the board (Required)

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.

company's information FEIN:					- (#)	7	
	- List the name, address and title default to the principal office addres						officer, If not
President	James Com		676	Solomon		Emmalena	KY 41740
Vice-President							,,
Secretary				e des			
Treasurer						- <u> </u>	
	me and address of all directors (if a the principal office address.	applicable).No listing of	directors is ver	ification that the	corporation has	dispensed with directors.	If not specified,
			-;			1 (A)	
	<u></u>				1994 1	<u> </u>	
			ving 1	3.7		And the second s	
Shareholders - Liet	the name and address of the corpo	oration's charaholders	If not specified	chareholder add	traceae datauit t	o the principal office addre	ec .
OTIGICITORGETS LIST	the name and address of the corpo	DIAGON & SHARENONGES.	п посересию.	Shareholder auc	ilesses delauk u	o tre principal office addre	
						<u> </u>	
							· · · · · · · · · · · · · · · · · · ·
		1111					
The undersigned sta	s administratively dissolved tes that the grounds for dis 3 271B.14-210. Enclosed is	solution either di	d not exist	or have been	eliminated,	and the entity's nar	ne satisfies the
	ប្រាy, the below signed here g to JWSC , PSC to the Se						
If not an officer of ea	entity, please provide a	Declaration of Po	wer of Attor	ney with the	Reinstatem	ent Application.	
x ×			EO	•		7-1-	.19

Certificate of Professional Service Corporation

Title (Required)

I, president of said corporation, certify that all the shareholders, not less than half of the directors, and all officers other than secretary and treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 and a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate.

I hereby certify that I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct as of today.

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	If any information below has	changed, ple	ease plac	e an "X" in the	appropriate boxes.
Please	indicate the size of your business:				
Δ	Small (Fewer than 50 employees)			erdi attanza	
	Large (50 or more employees)				
			- 1 to 1 to 1		*
Please	indicate whether any of the following	ng make up i	more tha	n fifty percent	(50%) of your business's ownership
	Women-Owned				
	Veteran-Owned				
	Minority-Owned				
				**	
Please	indicate which of the following bes	st describes j	your bus	iness:	
			1 4 1 2 8 1 1		
	Agriculture			Wholesale Tra	de
	Mining			Retail Trade	
				A A	2
	Construction			Finance. Insura	ance, Real Estate
					ration or restriction
				Comingo	
<u> </u>	Manufacturing		· L	Services	
					Marian M
. 1	Transportation, Communications, El	ectric, Gas,	1 -	Public Adminis	tration

Website: www.revenue.kv.gov Phone:

502-564-8139 502-564-0058

JWSC , PSC 676 SOLOMON LANE Hazard KY 41701

July 22, 2019 Notice Date: KY SoS Org. ID: 0991645

Fax:

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: Tonja REV3883, Taxpayer Services Specialist I

Email: Tonja.Lilly@ky.gov Direct: 502-564-7289



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 https://kewes.ky.gov UITax@KY.GOV

The Office 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,

Richard Lemay Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272

Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0991645

