Organization ID # 1060947 State of origin KY Filing fee \$130.00 Mi	Commonwealth of Kent chael G. Adams, Secretary	/ of Stat Michael G. Adams Kentucky Secretary of State
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application and Filed: 3/8/2021 9:25 AM Fee Receipt: \$130.00 Reinstatement Annual Report For the years 2020 through 2021	
Exact organization name and princ THE PARTNERSHIP FOR M 71 CAVALIER BLVD. P.O.T SUITE 209 FLORENCE KY 41042	IENTAL HEALTH, INC.	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 <u>app:sos.ky.gov/ftsearch</u> or can be downloaded from our website.
Registered Agent and Registered O MELISSA ADAMCHIK 1717 DALTON DRIVE FLORENCE, KY 41042 If the above company is included in a part company's information here (optional): FEIN: Name:	ent company's Kentucky tax return as a disrega	EEIN (Ontional)
specified, officer addresses default to the principal President NI CNI Vice-President True Secretary Applied	ass and title of all current officers. All organizations must list at l office address: Corporations are required to list a Secretary or o IW BUCHANGH DUGGEV MAR PHOMM MARKA	east one (1) officer, even in the case of a sole officer. If not ther officer serving as records custodian
Directors - Non-profit corporations must have office address. Anne Combs Todi Harding Martin Juptice Moelle Kelley Timothy Molan	e at least three (3) directors. All directors of the non-profit must b <u>Rachel Perlstein</u> <u>Plovence Robin Siva</u> <u>Alison Savage</u> <u>Tissa Ch. Wettanabe</u> <u>Payal Seghal</u>	e listed. If Not specified, director addresses default to the principal
The undersigned states that the groun requirements of KRS 273.3181. Enclo Under penalty of perjury, the below sig	dissolved on October 8, 2020 because the entit nds for dissolution either did not exist or have be used is a check in the amount of \$130.00, payab gned hereby authorizes the Kentucky Department ERSHIP FOR MENTAL HEALTH, INC. to the S	en eliminated, and the entity's name satisfies the le to Kentucky State Treasurer. nt of Revenue to release any applicable tax
If not an officer of said entity, please r	provide a Declaration of Power of Attorney with f	he Reinstatement Application.

If not an officer of said entity, please provide a Decla	ration of Power of Attorney with the Reinstatement App	plication.
* geonnette & Madey	Treasurer	2/22/2021
Signature of officer Or chairman of the board (Requirer))	Title (Required)	Date (Required)
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THE PARTNERSHIP FOR MENTAL HEALTH, INC.No.PO BOX 6331KYFLORENCE KY 41042

Notice Date: KY SoS Org. ID:

March 8, 2021 1060947

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. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Bruce REV3968, Taxpayer Services Specialist II Direct: 502-564-2038	