Organization ID # 0158952	Commonwealth of Kentucky		0158952.09 NPR	
State of origin KY Gommon Culture of Rentacky Filing fee \$235.00 Alison Lundergan Grimes, Secretary of St			Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/29/2019 3:09 PM	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applie Reinstatement Annu For the years 2011 thro	al Report	Fee Receipt: \$235.00	
Exact organization name and principal office address KENTUCKY ASSOCIATION OF TEMPORARY SERVICES, INC. P. O. BOX 99215 LOUISVILLE KY 402690215		name/office addre form. When reinsta addresses until the reinstatement is fik	ce address and registered agent ess cannot be changed on this ating, you cannot modify the reinstatement is filed. Once the ed, the statement of change can be sos.ky.gov/ftsearch or can be our website.	
Registered Agent and Registered TIMOTHY D. HESTER 300 HIGH RISE DRIVE SUITE 290 LOUISVILLE, KY 40213 If the above company is included in a p company's information here (optional): FEIN: Name:	Office Address arent company's Kentucky tax return as a disregard	dec		
specified, officer addresses default to the princip	dress and title of all current officers. All organizations must lis a) office address. Corporations are required to list a Secretary			
President	TAMES Terry Malone			
office address.	ave at least three (3) directors. All directors of the non-profit m	ust be listed. If not specified, (	director addresses default to the principal	
B JANEY MOORES			<u></u>	
TERRY MALONE-				

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 \$235.00, 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 KENTUCKY ASSOCIATION OF TEMPORARY SERVICES, 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.

On О Signature of man of the board (Required)

Presiden Title (Required)

-25-2019 Date (Required)



KENTUCKY ASSOC SERVICES, INC. 1868 Campus PL LOUISVILLE KY 40	IATION OF TEMPORARY 229	Notice Date: KY SoS Org. ID:	July 29, 2019 0158952	
RE:	Letter of Good Standing Request - Approved			
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.			
OUR DETERMINATION	<ol> <li>An authorized person requested</li> <li>You filed income and LLE tax r from filing.</li> <li>You have no outstanding tax ass Collections or have a valid pay a</li> </ol>	istered with the Department of Revenue.		
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>			
CONTACT INFORMATION				