Organization ID # 0202154 State of origin

Commonwealth of Kentucky Filing fee \$145.00 Alison Lundergan Grimes, Secretary of S

0202154.09

PRPF Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 8/14/2017 3:09 PM Fee Receipt: \$145.00

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 years 2015 through 2017

Exact organization	name and	principal	office	address

<u>Exact organization i</u>	name and principal office addre	<u>ss</u>	name/office address cannot be changed on this
CHANDLER & LYNN, INC.			form. When reinstating, you cannot modify the
•	MAIN STREET		addresses until the reinstatement is filed. Once the
MARION KY	′ 42064		reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be
			downloaded from our website.
Registered Agent a	nd Registered Office Address		FEIN (Optional)
WILLIAM A			
518 S. MAIN			
MARION, K	Y 42064 s included in a parent company's Ken	tucky toy roturn on a discognide	ent
ompany's information		lucky lax return as a disregarde	HIL
FEIN:			
Principal Officers	- List the name, address and title of all curre	ent officers. All organizations must list at leas	t one (1) officer, even in the case of a sole officer. If not
	default to the principal office address. Corpor	ations are required to list a Secretary or othe	officer serving as records custodian
Secretary	DANNY G CHANDLER		
Vice President	WILLIAM A LYNN		
President	WILLIAM A LYNN		
Treasurer	DANNY G CHANDLER		
	the principal office address.	, NO ISSING OF GREECOTS IS VEHICATION THAT THE	corporation has dispensed with directors. If not specified,
2015. The undersign	ed states that the grounds for dis-	solution either did not exist or hav	tity did not file its annual report for the year e been eliminated, and the entity's name 145.00, payable to Kentucky State Treasurer.
Under penalty of perjinformation pertaining 271B.14-220.	ury, the below signed hereby auth g to CHANDLER & LYNN, INC. to	norizes the Kentucky Department the Secretary of State, as require	of Revenue to release any applicable tax and for reinstatement pursuant to KRS
If not an officer of sa	id entity, please provide a Declara	tion of Power of Attorney with the	Reinstatement Application.
X Willia	A. Lynn	President	7-25-17
Signature of officer of	or chairman of the board (Required)	Title (Required)	Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

August 14, 2017

CHANDLER & LYNN, INC. 2217 U.S. 60 E. MARION, KY 42064

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CHANDLER & LYNN, INC.** has filed Kentucky Income Tax Returns through the tax year ended 2016, 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,

John REV3858, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 Phone# (502) 564-2099 FAX# (502) 564-0058

Kentucky Secretary of State organization number 0202154





COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 08/14/2017
CHANDLER & LYNN, 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,

Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0202154

