anization ID # 00 te of origin KY ng fee \$175	Con	Commonwealth of Kentucky lichael G. Adams, Secretary of St		t KY Secreta	Michael G. Adams	
Michael G. Ad Secretary of S P. O. Box 7 Frankfort, KY 406 (502) 564-3 http://www.sos.	State 718 502-0718 490	Reinstate	nent Applicatio ment Annual Re ears 2020 through 20	7/18/2024 1:34:35 PM Fee receipt: \$175.00 and port RST		
NCORPORATED PO BOX 98 GRAYS KNO Registered Agent a CHRIS ALLE PO B98 GRAYS KNO	DUNTY EMERGENC DB KY 40829 nd Registered Offi N DB, KY 40829	Y AND RESCUE	SQUAD,	gent name/office on this form. Whe nodify the address iled. Once the rein tatement of chang	-	
officer. If not specified, offi	cer addresses default to the CHRIS ALLEI	principal office addres	ss. Corporations are required to list a	Secretary or other	r officer serving as records	
		// `3D	PO BOX 233GRAYS KNOB, KY 40829			
Secretary Treasurer	AMBER NICO M JUANITA CO	the second se		PO BOX 233 GRAYS KNOB, KY 40829		
Vice President	SCOTTY MO		the second se	48 CARR GLASS RD BAXTER, KY 40806 PO BOX 607 EVARTS, KY 40828		
Directors - Non-profit the principal office address. TOMMY COUCH WILLIE DELANE C BRADLEY GUTHE	GALLOWAY II	SCOVILLE PO BOX 5	s. All directors of the non-profit must E ST EVARTS, KY 4082 575 WALLINS CREEK, I Y 215 EVARTS, KY 4082	8 <y 40873<="" th=""><th>specified, director addresses</th></y>	specified, director addresses	
County: Business size: Business type:	Harla Medi Justi		er and Safety	3		

The above entity was administratively dissolved on 10/8/2020 because the entity did not file its annual report for the year 2020. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to HARLAN COUNTY EMERGENCY AND RESCUE SQUAD, INCORPORATED to the Secretary of State, as required for reinstatement pursuant to KRS 14A7-030.

Signature of Authorized Representative: E. CHRIS ALLEN Title: PRESIDENT 7/18/2024



HARLAN COUNTY I SQUAD, INCORPOR PO BOX 98 GRAYS KNOB KY, 4		Notice Date: KY SoS Org. ID:	July 18, 2024 0021856			
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 An authorized person requested this You filed income and LLE tax returns filing. You have no outstanding tax assess Collections or have a valid pay agree This notice will remain current for 30 days 	letter. s as required, or you ments with the Divis ment in place.	sion of			
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. 					
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you.					
	Agent: James REVE277, Taxpayer Ser Email: James.Sutherland@ky.gov					



HARLAN COUNTY EMERGENCY AND RESCUE SQUAD, INCORPORATED PO BOX 98 GRAYS KNOB KY, 40829

 Notice Date:
 July 18, 2024

 KY SoS Org. ID:
 0021856

Direct: 502-564-7359