Organization ID # 0223956 State of origin

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

0223956.09

mstratton **NPRF** 

**Alison Lundergan Grimes Kentucky Secretary of State** 

Received and Filed: 2/13/2017 1:36 PM Fee Receipt: \$145.00

The principal office address and registered agent

name/office address cannot be changed on this

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 2015 through 2017

**Exact organization name and principal office address** 

PROMISES INC. 116 W. NINTH ST.

form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be **NEWPORT KY 41071** filed online at arp.sos.ky.gov/ftsearch or can be

		dow	downloaded from our website.		
Registered Agent a	nd Registered Office Address	EF	IN (Ontional)		
	HAPMAN, ESQ.				
64 ELBAINE	EDR.				
HIGHLAND	HEIGHTS, KY 41076				
	s included in a parent company's Kentuck	ky tax return as a disregarded			
company's information FEIN:	Name:				
Principal Officers specified, officer addresses	<ul> <li>List the name, address and title of all current of default to the principal office address. Corporation</li> </ul>	officers. All organizations must list at least one as are required to list a Secretary or other office	(1) officer, even in the case of a sole officer. If not er serving as records custodian		
President	Kevin Hill	Vice Treasurer	Charlie Boswell		
Vice President	David Dahms				
Treasurer	Kay Kaple				
Secretary	Jean Goodyk				
office address.	corporations must have at least three (3) directors	s, All directors of the north-profit must be listed.	f not specified, director addresses default to the principal		
LORA JONES CHELSEA TOLLE					
JIM DUIR JAMES STULL					
CHARLES ISRAEI					
WILLIAM PFEFFER					
2015. The undersign	ed states that the grounds for dissolu	ition either did not exist or have be	lid not file its annual report for the year en eliminated, and the entity's name payable to Kentucky State Treasurer.		
Under penalty of per	jury, the below signed hereby authoriz g to PROMISES INC. to the Secretary	zes the Kentucky Department of Ro	evenue to release any applicable tax		
If not an officer of sa	id entity, please provide a Declaratior	n of Power of Attorney with the Rei	nstatement Application.		
Please indicate the	county in which your business opera	ites:			
County: CAM	PBELL COUNTY				
	To complete the follo	owing, please shade the box compl	etely.		
Please indicate wh	ich of the following best describes yo	ur business:			
Agriculture	Mining	Services	Construction		
Agriculture			Finance Insurance Real Estate		

	Please indicate which of the following best describes your business:							
	Agriculture	Mining	Services	Construction				
	Wholesale Trade	Retail Trade	Manufacturing	Finance, Insurance, Real Estate				
Public Administration Transportation, Con			Communications, Electric,	Gas, Sanitary Services				
	XX Other							
_								

JEAN L. GOODYK Jean Goodyk Signature of officer or chairmant the board (Required)

SECRETARY-Officer of Promises Inc.

02/09/2017

Title (Required)

Date (Required)



DANIEL P. BORK
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

February 13, 2017

PROMISES INC. 116 W. NINTH ST. NEWPORT KY 41071

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **PROMISES INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-2169

Fax: (502) 564-3392

Kentucky Secretary of State organization number 0223956

