Organization ID # 057	3856 Commonu	vealth of Kentucky	r	ILE LA MAR JANA 12 BRAN 12 BRAN 1 PAN	
State of origin KY		•		0573856.09 ^d	lcornisl PRPF
Filing fee \$265.00	Alison Lundergan	Grimes, Secretary of	भ उच	Alison Lundergan Grimes	
	······································			Kentucky Secretary of Stat Received and Filed:	e
Alison Lundergan Gr	imes			11/22/2016 10:11 AM	
Secretary of State	1	ement Application a		Fee Receipt: \$265.00	
P. O. Box 718 Frankfort, KY 40602-	0718 Reinstat	ement Annual Repo	ort i		
(502) 564-3490		years 2006 through 2016			
http://www.sos.ky.g					
Exact organization nam	ne and principal office addres			e address and registered agent as cannot be changed on this	
TRIMWERX, INC		form. W	/hen reinsta	ating, you cannot modify the reinstatement is filed. Once the	
9511 ROCKY CI LOUISVILLE KY	reinstate filed onli	ement is file	ad, the statement of change can be be the statement of change can be be the statement of change can be ur website.		
JAMES R. ANNI 9511 ROCKY CI LOUISVILLE, K	REEK LANE Y 40299	cers. All organizations must list at least one (1) of	flcer, even	in the case of a sole officer. If not	
specified, officer addresses default	to the principal office address. Corporations a	are required to list a Secretary or other officer ser 78 Fisherul	rving as rec	ords custodian	
President Vice President	JAMES ANNIS JAMES ANNIS		<u></u>		
Secretary	BARBARA ANNIS	78 Fisherville	Ro	Firchville 4002	2
Treasurer	BARBARA ANNIS				
Directors - List the name and director addresses default to the pri		ting of directors is verification that the corporation	n has dispe	nsed with directors. If not specified,	
The above optity was adm	inistrativaly discolved on Novemb	or 2, 2006 because the entity did not	t filo ite :	annual report for the year	

The above entity was administratively dissolved on November 2, 2006 because the entity did not file its annual report for the year 2006. 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 271B.14-210. Enclosed is a check in the amount of \$265.00, 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 TRIMWERX, 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.

11-1-16 Date (Required) President Title (Required) C ignature of officer or chairman of the board (Required)



DANIEL P. BORK Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

November 22, 2016

TRIMWERX, INC 78 FISHERVILLE ROAD FINCHVILLE, KY 40022

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TRIMWERX**, **INC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Stephanie REVX219, Taxpayer Services Specialist I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2028 FAX# 502-564-3392

Kentucky Secretary of State organization number 0573856





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 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 11/21/2016

TRIMWERX, 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,

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

Kentucky Secretary of State organization number 0573856

