Organization ID # 0626157 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

0626157.09

mstratton **NPRF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 11/4/2014 2:18 PM Fee Receipt: \$115.00

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 year 2014

Exact organization name and principal office address KENTUCKIANS FOR NURSING HOME REFORM, INC. 1530 NICHOLASVILLE ROAD **LEXINGTON KY 40503**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the 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 and Registered Office Address

BERNARD L. VONDERHEIDE 1530 NICHOLASVILLE ROAD LEXINGTON, KY 40503



Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	BERNARD VONDERHE	IDE	5045	INYBRI	DGG.	BR.	LGX.	KY	40515
Vice President	BRYCE MCCOWAN		1530	MICHOLA	25 1/1	UE RE	Lex	KY	40503
Directors - Non-profit co- office address.	rporations must have at least three (3) di	rectors. All di	rectors of the non-prof	it must be listed. If	not specific	ed, directo	r addresses	s default 1	to the principal
DWIGHT AUVENSH	NE	2/93	STONE G	ARDEN L	~,	LEX	KY	405	73
SALLY THALHEIMEI	3	P.O.	BOX 267.	LGX, K	× 46	588			
DON FELTNER		406	BARNES ,	MILL RD.	210	HMO	wd. K	cy 4	5475
AUSTIN T. KRING. J	R	417	GREENBR.	IAR RD.	46	× , /	Y 405	03	
BRYCE MCCOWAN /530			I ICHOLAS VILLE RD. LEX. KY 40503						

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 \$115.00, 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 KENTUCKIANS FOR NURSING HOME REFORM, 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.

Xantin D. Bring. M.	TREASULER	11/4/14
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

November 4, 2014

KENTUCKIANS FOR NURSING HOME REFORM, INC. 1530 NICHOLASVILLE ROAD LEXINGTON KY 40503

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **KENTUCKIANS FOR NURSING HOME REFORM, 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,

Kim REVE217, Taxpayer Services Specialist II Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7344 FAX# 502-564-3392

Kentucky Secretary of State organization number 0626157

