Organization ID# 0764157 State of origin KY

Commonwealth of Kentucky 0764157.09 Filing fee \$115.00 Alison Lundergan Grimes, Secretary

**NPRF** 

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 10/12/2015 1:30 PM Fee Receipt: \$115.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Reinstatement Application** Reinstatement Annual Report For the year 2015

Exact organization name and principal office address SHEPHERD LITTLE LAMB CHILD CARE INC. **212 SANDERSON DRIVE HOPKINSVILLE KY 42240** 

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 Red	nistered	Office	Address
<u>Negrotereu</u>	Agent	allu ive	<u> </u>	Ollice	Addiess

YULONDA SHANNON 212 SANDERSON DRIVE HOPKINSVILLE, KY 42240

President	JACKIE SHANNON			
Vice President	YULONDA SHANNON			
Secretary	Benita Bell			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Directors - Non-profit corpor office address.	rations must have at least three (3) direc	tors. All directors of the non-prof	it must be listed. If not specified, directo	r addresses default to the princip
YULONDA SHANNON	METER STATE OF THE		A CONTRACTOR OF THE CONTRACTOR	
NICOLE COLEMAN				
ERIC COLEMAN Fre	d Diess			
2015. The undersigned st	ninistratively dissolved on Sep tates that the grounds for diss s of KRS 273.3181. Enclosed	olution either did not exis	st or have been eliminated, ar	nd the entity's name
Under penalty of perjury, information pertaining to spursuant to KRS 271B.14	the below signed hereby auth SHEPHERD LITTLE LAMB CH L-220.	orizes the Kentucky Dep HLD CARE INC. to the S	artment of Revenue to releas secretary of State, as required	e any applicable tax I for reinstatement
If not an officer of said en	tity, please provide a Declarat	ion of Power of Attorney	with the Reinstatement Appli	cation.
X Benita	Bell	Director		10-6 -15
Signature of officer or chair	man of the board (Required)	Title (R	Date (Required)	



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

October 12, 2015

## SHEPHERD LITTLE LAMB CHILD CARE INC. 212 SANDERSON DRIVE HOPKINSVILLE KY 42240

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **SHEPHERD LITTLE LAMB CHILD CARE 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,

Brad REVX069, Taxpayer Services Specialist II Division of Corporation Tax State Office Building, 501 High Street, Mail Station 52 Frankfort, KY 40601 502-564-8139 ext.42055 FAX# 502-564-0058

Kentucky Secretary of State organization number 0764157

