Organization ID # 03171	159	0 10 517.0	- 1	
State of origin KY	150	Commonwealth of Kentu	иску	0317158.09 <sup>mstratto</sup>
$\frac{1}{100} \int $	lison	Lundergan Grimes, Secre	tary of S	Aliaan Lundarran Crimaa
		Euliaorgan erintee, eeere		Alison Lundergan Grimes Kentucky Secretary of State
	<u> </u>			Received and Filed:
Aliaan Lundorgon Crim				10/25/2018 12:32 PM
Alison Lundergan Grim Secretary of State	les	Reinstatement Applicat	tion and	Fee Receipt: \$115.00
P. O. Box 718				
Frankfort, KY 40602-07	719	Reinstatement Annual	Report	
(502) 564-3490		For the year 2018	-	
http://www.sos.ky.go	v			
nup.// www.505.ky.go	•			
		ion name and principal office address	The principal of	fice address and registered agent
MBP VET, P.S.C.	corporat	ion name and principal once address		ress cannot be changed on this
4158 WESTPORT	RD			stating, you cannot modify the he reinstatement is filed. Once the
LOUISVILLE KY 4				filed, the statement of change can be
			filed online at <u>ap</u> downloaded from	<u>p.sos.ky.gov/ftsearch</u> or can be h our website.
Registered Agent and Reg	istered Of	ffice Address	FEIN (Optio	onal)
GARY EDLIN				
4158 WESTPORT				
LOUISVILLE, KY 40	0207	at assess in Kantusky toy roturn on a diarogarda		nt
the above company is include ompany is include ompany's information here (op	ed in a pare	ent company's Kentucky tax return as a disregarde		
		directors (if applicable).No listing of directors is verification that t	the corporation has dis	pensed with directors. If not specified,
		·	<u></u>	
			······	
			······	
· · · · · · · · · · · · · · · · · · ·				
haroholders - List the name	and address	s of the corporation's shareholders. If not specified, shareholder a	addresses default to th	e principal office address.
BARY EDLIN				
	<u></u>			
he undersigned states that	the groun	dissolved on October 16, 2018 because the ent ids for dissolution either did not exist or have be iclosed is a check in the amount of \$115.00, pay	en eliminated, a	nd the entity's name satisfies the
Inder penalty of perjury, the	below sid	ned hereby authorizes the Kentucky Department S.C. to the Secretary of State, as required for re	nt of Revenue to	release any applicable tax
		s.c. to the Secretary of State, as required for re provide a Declaration of Power of Attorney with the		
	, prease p	nume a Declaration of Fower OrAttorney Will th		
X Ar All	U	RESIETEN	$\nu$	10/23/18
Sigha ure of officer or chairma	n of the board		)	Date (Required)

## **Certificate of Professional Service Corporation**

I, president of said corporation, certify that all the shareholders, not less than half of the directors, and all officers other than secretary and treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 and a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this certificate. I hereby certify that I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct as of today.

## Organization ID # 0317158 State of origin KY Filing fee \$115.00



	Please indicate the county in which your business operates: County: Jefferson					
	If any information below has changed, p	lease place an "X" in the appropriate boxes.				
	Please indicate the size of your business:					
	Small (Fewer than 50 employees)	Small (Fewer than 50 employees)				
	Large (50 or more employees)					
	Please indicate whether any of the following make up	more than fifty percent (50%) of your business's ownership:				
	Women-Owned					
	Veteran-Owned					
L	Minority-Owned					
	Please indicate which of the following best describes	your business:				
	Agriculture	Wholesale Trade				
	Mining	Retail Trade				
	Construction	Finance, Insurance, Real Estate				
	Manufacturing	Services				
	Transportation, Communications, Electric, Gas,	Public Administration				
	Other					



MBP VET, P.S.C. 4158 WESTPORT RD. LOUISVILLE KY 40207

Notice Date:	October 25, 2018
KY SoS Org. ID:	0317158

RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in <b>good</b> <b>standing</b> with the Department of Revenue.		
SUMMARY			
OUR DETERMINATION	We verified the following information.		
	<ol> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> </ol>		
WHAT YOU NEED TO DO			
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: John REV3858, Revenue Auditor I Email: John.Cornett@ky.gov Direct: 502-564-2099		



## 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: 10/25/2018

MBP VET, P.S.C.

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,

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

Kentucky Secretary of State organization number 0317158

