Organization ID # 0889 State of origin KY Filing fee \$115.00 A Alison Lundergan Grid	Alison Lundergan G	alth of Kentucky rimes, Secretary of S	O889361.09 dcornish PRPF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/20/2015 9:38 AM Fee Receipt: \$115.00
Secretary of State P. O. Box 718 Frankfort, KY 40602-0 (502) 564-3490 http://www.sos.ky.ge	Reinstaten Reinstaten Fo	nent Application and nent Annual Report r the year 2015	RST
Exact organization nam GENCARE INCO 39 BLADES LAN GILBERTSVILLI	IE	name/office add form. When rein addresses until t reinstatement is	ffice address and registered agent dress cannot be changed on this nstating, you cannot modify the the reinstatement is filed. Once the filed, the statement of change can be <u>p.eos.kv.gov/ftsearch</u> or can be n our website.
Shan Wolfe 39 Blades Lane Gilbertsville, KY 4 Principal Officers - List the	e name, address and title of all current officers.	All organizations must list at least one (1) officer, eve equired to list a Secretary or other officer serving as	ren in the case of a sole officer. If not records custodian
President Vice-President Secretary Treasurer	BOBIN LAMPLEY SHAN WOLFE	418 CARSON WAY, P 39 BLADES LN, GILB	арисан Ку Н2003 1828 SY, ЦЕ, Ку 42044
Directors - List the name and director addresses default to the prin		of directors is verification that the corporation has dis	Ipensed with directors. If not specified,
2015. The undersigned stat	tes that the grounds for dissolution e	12, 2015 because the entity did not file ither did not exist or have been elimina check in the amount of \$115.00, payabl	ated, and the entity's name

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to GenCare Incorporated 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.

X

of the byard (Required) sture of office

PRECIPANY Title (Required)

159 2015



## 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: 10/19/2015

GenCare Incorporated

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,

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

Kentucky Secretary of State organization number 0889361





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

October 19, 2015

## GenCare Incorporated 100 Fountain Ave Ste 419A Paducah, KY 42001

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **GenCare Incorporated** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Jerry REV3782, Revenue Auditor I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-7370 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0889361

