224250-110001-203027-710043-2100

Organization ID # 0498164 Commonwealth of Kentucky
State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0498164.09

mstratton NPRF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

12/8/2014 12:54 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 and Reinstatement Annual Report For the year 2014

R\$1

Exact organization name and principal office address
OPERATION HALF-NOTE INCORPORATED
400 EAST MAIN ST.
KENTUCKY STATE UNIVERSITY
BRADFORD HALL, G-11
FRANKFORT KY 40601

Registered Agent and Registered Office Address

VERNELL BENNETT

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.kv.gov/fiteserch or can be downloaded from our website.



400 EAST MAI FRANKFORT, I	2.0				
Principal Officers - List specified, officer addresses defau	the name, address and title of a k to the principal office address. (all current officers. A	l organizations must lis ulred to list a Secretary	t at least one (1) officer, even in the case of a sole or other officer serving as records custodian	afficer. If not
Sole Officer	VERNELL BENNETT		- 1		
					F. 16
Office address.	rations must have at least three (3) directors. All direc	tors of the non-profit m	ust be listed. If not specified, director addresses de	raun to the principal
ETOLIA WHITE					
HERMAN WALSTON				A CONTRACTOR	
TRUDY THOMAS					
ROOSEVELT SHELTO	N				
WILLIAM MAY					
•	***	3 To 1	*,	No.	

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 OPERATION HALF-NOTE 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 ////// Description 1/3/14						
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 BROOKS
Executive Director

December 8, 2014

OPERATION HALF-NOTE INCORPORATED 400 EAST MAIN ST. KENTUCKY STATE UNIVERSITY BRADFORD HALL, G-11 FRANKFORT KY 40601

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **OPERATION HALF-NOTE INCORPORATED** 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,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0498164

