## Organization ID # 1175064 State of origin KY **Commonwealth of Kentucky** 1175064 Filing fee \$130.00 Michael G. Adams Michael G. Adams, Secretary of St **KY Secretary of State** Received and Filed 3/2/2023 5:56:40 PM Michael G. Adams Fee receipt: \$130.00 Reinstatement Application and Secretary of State RST P. O. Box 718 **Reinstatement Annual Report** Frankfort, KY 40602-0718 For the years 2022 through 2023 (502) 564-3490 http://www.sos.ky.gov

## Exact organization name and principal office address MORGAN COUNTY EMERGENCY AMBULANCE SERVICE INC 412 DOGWOOD LANE WEST LIBERTY KY 41472

The principal office address and registerec agent name/office address cannot be chan; on this form. When reinstating, you cannot modify the addresses until the reinstatement i filed. Once the reinstatement is filed, the statement of change will be filed.

Registered Agent and Registered Office Address

RAVEN ROSS 412 DOGWOOD LANE WEST LIBERTY , KY 41472

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If Not specified, director addresses the principal office address.

RAVEN ROSS	412 DOGWOOD LANE	
JODY CASTLE	412 DOGWOOD LANE	
MICHELLE WHITT	412 DOGWOOD LANE	
CHARLENE ENGLE	412 DOGWOOD LANE	
LINDA BRADLEY	412 DOGWOOD LANE	
CECIL KENT COLE	412 DOGWOOD LANE	

The above entity was administratively dissolved on 10/4/2022 because the entity did not file its annual report for the year 2022. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to MORGAN COUNTY EMERGENCY AMBULANCE SERVICE INC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Raven Ross Title: Director 3/2/2023



March 2, 2023

## MORGAN COUNTY EMERGENCY AMBULANCE Notice Date: KY SoS Org. ID: SERVICE INC 1175064 **412 DOGWOOD LANE** WEST LIBERTY KY, 41472

RE:	Letter of Good Standing Request - Approved
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.
OUR DETERMINATION	<ol> <li>We verified the following information.</li> <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> </ol>
	<ul><li>4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li><li>This notice will remain current for 30 days from the notice date above.</li></ul>
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.</li> <li>If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.</li> <li>If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/ charity/Pages/registration.aspx.</li> </ol>
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Angie Morris Direct: 502-564-7327