| Organization ID # 0540365<br>State of origin KY<br>Filing fee \$205.00 Alison   |   |  | 0540365.09 balimonos<br>PRPF<br>Alison Lundergan Grimes<br>Kentucky Secretary of State<br>Received and Filed:<br>6/6/2016 11:10 AM   |  |
|---|---|--|--|--|
| Alison Lundergan Grimes<br>Secretary of State<br>P. O. Box 718<br>Frankfort, KY 40602-0718<br>(502) 564-3490<br>http://www.sos.ky.gov | Reinstatement Ap<br>Reinstatement Ar<br>For the years 2010  | nual Report  | Fee Receipt: \$205.00  |  |
| Exact organization name and principal office address<br>MUELLER APPRAISAL, INC.<br>16 GLENWOOD ROAD<br>LOUISVILLE KY 40222            |   | name/office addres<br>form, When reinstat<br>addresses until the r<br>reinstatement is filed | e address and registered agent<br>s cannot be changed on this<br>ing, you cannot modify the<br>einstatement is filed. Once the<br>I, the statement of change can be<br><u>ss.ky.gov/ftsearch</u> or can be<br>r website. |  |
| Registered Agent and Registered<br>BARRY J. MATTINGLY, 0<br>4010 DUPONT CIRCLE,<br>LOUISVILLE, KY 40207                               | <b>PA</b>   |  |  |  |
| Principal Officers - List the name, add<br>specified, officer addresses default to the princip  | Iress and title of all current officers. All organizations<br>al office address. Corporations are required to list a Se | must list at least one (1) officer, even in<br>ecretary or other officer serving as reco     | n the case of a sole officer. If not<br>ords custodian   |  |
| President KRISTE  | N J. MUELLER  |  |  |  |
| Directors - List the name and address of director addresses default to the principal office   | all directors (if applicable).No listing of directors is veril address.   | fication that the corporation has dispen   | sed with directors. If not specified,  |  |
| KRISTEN J. MUELLER  |   | · · · · · · · · · · · · · · · · · · ·  |  |  |

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. 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 271B.14-210. Enclosed is a check in the amount of \$205.00, 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 MUELLER APPRAISAL, INC. 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.

Ů Signature of officer or chairman of the board (Required) Title (Required)



DANIEL P. BORK Commissioner

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

ELYSE WEIGEL Deputy Commissioner

An Equal Opportunity Employer M/F/D

June 6, 2016

## MUELLER APPRAISAL, INC. 16 GLENWOOD ROAD LOUISVILLE KY 40222

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MUELLER APPRAISAL**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Ramon REV4636, Taxpayer Services Specialist I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-2169 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0540365





## 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: 06/06/2016

MUELLER APPRAISAL, INC.

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 0540365

