Organization ID # 0899465 State of origin KY				0899465.09	PRPF
Filing fee \$115.00 Alise	Received and Filed:				
Alison Lundergan Grimes	Roinstator	nent Annlicat	ion and	11/22/2019 2:23 P Fee Receipt: \$115	
Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov			R	ST	
Exact organization name and po YEAR TEN, INC. 1346 LEBANON CHURO FOUNTAIN RUN KY 421	CH ROAD		name/office add form. When reins addresses until th reinstatement is f	Tice address and registere ress cannot be changed of stating, you cannot modify t le reinstatement is filed. On iled, the statement of chang <u>oss.ky.gov/ftsearch</u> or ca our website.	o <b>n this</b> the tice the ge can be
Registered Agent and Registered STUART KOEHN 1346 LEBANON CHURO FOUNTAIN RUN, KY 42 If the above company is included in a company's information here (optional FEIN:Name:	CH ROAD 133 I parent company's Kentucky tay ):				
Principal Officers - List the name, specified, officer addresses default to the prin	address and title of all current officers ncipal office address. Corporations are	s. All organizations must list at lea required to list a Secretary or oth	ast one (1) officer, eve er officer serving as re	n in the case of a sole offic ecords custodian	er. If not
President STUA		1 <u>346 Lebanon</u> 	Church Rd	) Fountain Run	<u>, KY 42133</u>
Directors - List the name And address director addresses default to the principal offi		and the second s	e corporation has dis	pensed with directors. If No	t specified,
STUART KOEHN	· · · · · · · · · · · · · · · · · · ·	non Church RO Fa	MAtain Run,	KY 42133	
				· · ·	
The above entity was administrati The undersigned states that the g requirements of KRS 271B.14-21	rounds for dissolution either	did not exist or have bee	n eliminated, an	d the entity's name :	year 2019. satisfies the

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

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XAM72	Presi	dent		 11-18-19
Signature of officer Or chairman of the board (Required)			Title (Required)	 Date (Required)



## YEAR TEN, Inc. 1346 LEBANON CHURCH ROAD FOUNTAIN RUN KY 42133

Notice Date: November 21, 2019 KY SoS Org. ID: 0899465

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>				
	This notice will remain current for 30 days from the notice date above.				
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: Tonja REV3883, Taxpayer Services Specialist I Email: Tonja.Lilly@ky.gov Direct: 502-564-7289				



## COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 11/21/2019

YEAR TEN, Inc.

Dear Sir/Madam:

## KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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 Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0899465

