Organization ID # 0116070 Commonwealth of Kentucky State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Stat

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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 12/6/2012 11:00 AM Fee Receipt: \$115.00

RST

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 2012

Exact organization name and principal office address
PERRY COUNTY AMBULANCE AUTHORITY, INC.
2264 NORTH MAIN STREET
HAZARD KY 41701

Registered Agent and Registered Office Address

DENNY RAY NOBLE PERRY COUNTY COURTHOUSE, MAIN STREET P. O. BOX DRAWER 210 HAZARD, KY 41701 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.ky.gov/ftsearch or can be downloaded from our website.



specified, officer addresses de	efault to the principal office ad	dress. Corporations are re-	quired to list a Secretary or	other officer serving as r	ecords custodian	
President DENNY RAY NOE		OBLE	P.O. Draws	r 210 Hezun	Land Ky 41701	
Secretary	_ PaulA Ca	mpbell	P.o. Drave	210 Hazan	1 Ky 41701	
Directors - Non-profit co	rporations must have at least	three (3) directors. All dire	ctors of the non-profit must	be listed. If not specified	, director addresses default	to the principal
LARRY BART FRAN		100 Med:	Drawer 210	DR. Hazard	Ky 41701	
Lec Hillman	<u> </u>	P.o. Box	Drawer 210	thread K	<u> 41701</u>	
Don Howa	rd	P. W. Box	Drawer 210	Hazard Ki	41701	
PaulA C	ampbell		Drawer 210		41701	

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 PERRY COUNTY AMBULANCE AUTHORITY, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an efficient of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Signature of office or chairman of the board (Required)

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THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

December 6, 2012

PERRY COUNTY AMBULANCE AUTHORITY, INC. 2264 NORTH MAIN STREET HAZARD KY 41701

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **PERRY COUNTY AMBULANCE AUTHORITY, INC.** 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,

Becky Breeze, Taxpayer Service Specialist I Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2117 FAX# 502-564-3392

Kentucky Secretary of State organization number 0116070

