Organization ID # 061		nmonw	ealth of K	entuckv			
State of origin KY Filing fee \$235.00					0612471.	09 NPRF	
Filing tee \$235.00		erganiv	5111165, 50	cretary or	Alison Lunder		
Alison Lundergan Gr Secretary of Stat	imes e Re	instate	ment App	lication and	Kentucky Secr Received and 9/24/2019 4:12 Fee Receipt: \$	Filed: 2 PM	
P. O. Box 718 Frankfort, KY 40602- (502) 564-3490 http://www.sos.ky.g	0710	Reinstatement Annual Report For the years 2011 through 2019					
Exact organization name					I office address and		
HISEVILLE VETERANS MEMORIAL, INC. PO BOX 165 HISEVILLE KY 42152				form. When addresses ur reinstatemen filed online at	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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.		
Registered Agent and Registered Office Address				FEIN (Or	FEIN (Optional)		
JOHN ROGERS 111 WEST WAYN GLASGOW, KY 4							
If the above company is inclu company's information here (FEIN: Name	optional):	y's Kentucky ta	ax return as a disreg	ar		rent	
Principal Officers - List th specified, officer addresses default	ne name, address and title of the principal office address	of all current office c. Corporations ar	ers. All organizations must re required to list a Secre	t list at least one (1) officer, tary or other officer serving	even in the case of a as records custodian	a sole officer. If not	
President	JOHN ALLEN						
Secretary-	INEZ-MORRICON	•					
Freasurer-	LINDA BOTTS						
Directors - Non-profit corpora office address.	tions must have at least three	e (3) directors. All		it must be listed. If Not spec	ified, director addres	ses default to the principal	
W-S EVERETT		Linda	Botts				
DAVID A SPILLMAN							
RALPH LONDON		John	Steen				
		· <u> </u>				<u></u>	
		<u></u>					
The above entity was adm	inistratively dissolved	on Septembe	er 10, 2011 becau	se the entity did not f	ile its annual rep	port for the year	

2011. 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 \$235.00, 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 HISEVILLE VETERANS MEMORIAL, 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.

President Title (Required) Х hu Signature of officer Or chairman of the board (Required)



HISEVILLE VETER 3716 Hiseville Bear W Cave City, KY 42127	ANS MEMORIAL, INC. /allow Rd	Notice Date: KY SoS Org. ID:	September 24, 2019 0612471				
RE:	Letter of Good Standing Request - Approved						
SUMMARY	You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.						
OUR DETERMINATION	 We verified the following information. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. This notice will remain current for 30 days from the notice date above. 						
WHAT YOU NEED TO DO	 If you are attempting to rein copy of this letter to the Kent of the notice date above. If you are a for-profit corport the Secretary of State a letter Unemployment Insurance. The If you are a non-profit entity your tax returns with the Ken filing requirements website is consumerprotection/charity/P 	ucky Secretary of State oration, you will also no of good standing from heir telephone number is y, please remember to f tucky Attorney General s: http://ag.ky.gov/famil	within 30 days eed to provide the Division of \$ 502-564-6835. The copy of . The charity				
CONTACT INFORMATION	you.	gent: Tonja REV3883, Taxpayer Services Specialist I nail: Tonja.Lilly@ky.gov					