Organization ID # 0630471 State of origin KY Filing fee \$145.00 Alison	Commonwealth of Ke Lundergan Grimes, Se	cretary of St 1/22/2	0471.06 LRPF Lundergan Grimes cky Secretary of State ved and Filed: 014 10:57 AM eceipt: \$145.00
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Appli Reinstatement Ann For the years 2012 thro	cation and Legendre	RST
Exact limited liability company name and principal office address WALKERTOWN SERVICE CENTER LLC 2008 N MAIN ST 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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.	
Registered Agent and Registere ISHMAEL STACY JR. 2008 N MAIN ST HAZARD, KY 41701	d Office Address		
Members - List the name and address of the LLCs are not required to list their members.	ne limited liability company's members. If not specified, add	resses default to the LLC's principal offic	e address., Member-managed

ISHMAEL L STACY JR		
JIMMY L STACY		
MARK A STACY		
	·	

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 275.295. Enclosed is a check in the amount of \$145.00, 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 WALKERTOWN SERVICE CENTER LLC 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.

X Isheltest	Agent	1/17/14
Signature of member or marlager (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

January 22, 2014

WALKERTOWN SERVICE CENTER LLC **2008 N MAIN ST HAZARD KY 41701**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate WALKERTOWN SERVICE CENTER LLC has filed Kentucky Income Tax Returns through the tax year ended Deceber 31, 2012, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Gary Horne, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0630471

