

Organization ID # 0055172  
State of origin KY  
Filing fee \$12.00

Commonwealth of Kentucky  
Trey Grayson, Secretary of State

0055172.09 bschell  
NPRF  
Trey Grayson, Secretary of State  
Received and Filed:  
11/17/2010 8:45 AM  
Fee Receipt: \$12.00

Trey Grayson  
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 2010

RST

**Exact organization name and principal office address**  
WESTERN KENTUCKY HOSPITAL SERVICES, INC.  
P. O. BOX 1127  
U.S. HWY. 41-N, R. 4  
MADISONVILLE KY 42431

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/rasearch](http://app.sos.ky.gov/rasearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

KEVIN B. BARKER  
P. O. BOX 1127  
U.S. HWY. 41-N, R. 4  
MADISONVILLE, KY 42431



**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.

Chairman	ERIC LEE	_____
Secretary	WAYNE MERIWETHER	_____
Vice President	KEVIN B. BARKER	_____
CEO	KEVIN B. BARKER	_____

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. Provide names and addresses below.

ERIC LEE	_____	_____
BRUCE BEGLEY	_____	_____
WAYNE MERIWETHER	_____	_____
JOE MILLER	_____	_____
KEVIN BARKER	_____	_____

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 273.3181. Enclosed is a check in the amount of \$12.00, 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 WESTERN KENTUCKY HOSPITAL SERVICES, 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.

XZ [Signature]  
Signature of officer or chairman of the board (Required)

EXEC VP/CEO  
Title (Required)

11/10/10  
Date (Required)



**THOMAS B. MILLER**  
Commissioner

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

**ELYSE WEIGEL**  
Deputy Commissioner

**DON RICHARDSON**  
Executive Director

November 16, 2010

**WESTERN KENTUCKY HOSPITAL SERVICES, INC.  
P. O. BOX 1127  
U.S. HWY. 41-N, R. 4  
MADISONVILLE KY 42431**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **WESTERN KENTUCKY HOSPITAL SERVICES, 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,

Christina Owens, Revenue Auditor  
Pass Through Entity Tax Branch  
501 High Street, 6th Floor, Sta. 69  
Frankfort, KY 40620  
502-564-7339  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0055172