Organization ID # 0089077 **Commonwealth of Kentucky** State of origin KY Filing fee \$130.00 Alison Lundergan Grimes, Secretary of St

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 years 2015 through 2016

0089077.09

balimonos NPRF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/25/2016 1:25 PM Fee Receipt: \$130.00

RST

Exact organization name and principal office address **HENDERSON REGIONAL HOSPITAL FOUNDATION, INC.** 1305 N. ELM ST. **HENDERSON KY 42420**

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.

The principal office address and registered agent

Registered Agent and Registered Office Address

BRUCE D. BEGLEY 1305 N. ELM ST. HENDERSON, KY 42420

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 specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	ELLIE COURSEY	307 Center St., Henderson, KY 42420
Secretary	DOUG BELL	PO Box 5, Henderson, KY 42419
Treasurer	Brad Schneider	230 2nd Street, Ste. 320, Henderson, KY 42420
Vice President	Shana Lee	649 Constanza Dr., Henderson, KY 42420

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address

STEVE ARNETT	109 S. Morgan St., Morganfield.KY 42437
	1135 N. Main St., Henderson, KY 42420
DOUG BELL	PO Box 5, Henderson, KY 42419
JIMMY BLAIR	2637 Stadium Dr., Henderson, KY 42420
DR. KATHERINE BRYANT	12097 SR 1078 S, Henderson, KY 42420

****SEE ATTACHED LIST OF BOARD MEMBERS**

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$130.00, 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 HENDERSON REGIONAL HOSPITAL FOUNDATION, 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.

1-18-16 mark ar Date (Required) ature of officer or chai the board itle (Required)



DANIEL P. BORK Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

January 25, 2016

HENDERSON REGIONAL HOSPITAL FOUNDATION, INC. 1305 N. ELM ST. HENDERSON KY 42420

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **HENDERSON REGIONAL HOSPITAL FOUNDATION, 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,

James REVE277, Taxpayer Services Specialist II Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-7359 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0089077

