State of origin K		ommonwea				0574777.	09 dwilliam NPR
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Alison Lundergan (Secretary of Sta	ate F	Reinstatem	ent Ap	olicatio	on and	Kentucky Secret Received and F 11/13/2018 12: Fee Receipt: \$	Filed: 16 PM
P. O. Box 718 Frankfort, KY 4060 (502) 564-349 http://www.sos.ky	2-0718 0	718 Reinstatement Annual Report For the year 2018					RSI
Exact organization nan OWEN COUNT PO BOX 234 OWENTON KY	Y FRIENDS OF ANI				name/office ad form. When rei addresses until reinstatement is	office address and re idress cannot be ch- nstating, you cannot i the reinstatement is to filed, the statement op.sos.ky.gov/ftsear m our website.	anged on this modify the filed. Once the of change can be
Registered Agent and I HILARI GENTR 2785 HWY 22 E OWENTON, KY If the above company is ind company's information here FEIN: Na	Y AST 40359 luded in a parent com		eturn as a disre	egard	EEIN (Onti	onal)) ent
Principal Officers - Lis specified, officer addresses defau	the name, address and t It to the principal office add	itle of all current officers. A fress. Corporations are req	Il organizations m uired to list a Sec	ust list at least or retary or other o	one (1) officer, ev officer serving as	ven in the case of a so records custodian	ole officer. If not
President	HILARI GENTRY	(2785	HWY	22 E. (Dwenton	KY 40359
Secretary	LORI MOORE		855	Case	Lane C	rittendon	
Vice President	Amanda A	Inderson	65	Davis	Lake		venton 4035
Directors - Non-profit corpo	rations must have at least	three (3) directors. All direc	tors of the non-p	ofit must be list	ed. If not specifie	d, director addresses	default to the principal
HILARI GENTRY		e sei e					<u> </u>
Amanda And	lerson	·		, ,			
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The above entity was ad The undersigned states requirements of KRS 273	hat the grounds for	dissolution either did	l not exist or	have been e	eliminated, a	nd the entity's n	or the year 2018. ame satisfies the
Under penalty of perjury information pertaining to pursuant to KRS 271B.1	the below signed he OWEN COUNTY FI	ereby authorizes the	Kentucky De	partment of	Revenue to	release any ap	plicable tax statement
If not an officer of said er	ntity, please provide	a Declaration of Pov	ver of Attorne	ev with the F	Reinstateme	nt Application	

of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application. Signature of officer or chairman of the board (Required) /q <u>X</u>

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Title (Required)

Date (Required)



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OWEN COUNTY FF PO Box 234 OWENTON KY 4035	RIENDS OF ANIMALS, INC 59	Notice Date: KY SoS Org. ID:	November 13, 2018 0574777				
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	 AT YOU NEED TO DO If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/charity/Pages/registration.aspx. 						
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: John REV3858, Revenue Auditor I Email: John.Cornett@ky.gov Direct: 502-564-2099						