Organization ID # 0046482 State of origin KY Filing fee \$115.00	2 Commonwealth of Ken son Lundergan Grimes, Secr	tucky retary of St	0046482.09 sburgi NPR Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 11/27/2019 2:51 PM	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applica	ation and <sup>L</sup> al Report	Fee Receipt: \$115.00	
Exact organization name and SCOTTSVILLE-ALLE 110 SOUTH COURT S SCOTTSVILLE KY 42	N COUNTY CHAMBER OF COMMERCE, INC.	name/office addre form. When reinsta addresses until the reinstatement is file	e address and registered agent ss cannot be changed on this ting, you cannot modify the reinstatement is filed. Once the d, the statement of change can be <u>os.kv.gov[ftsearch</u> or can be ar website.	
Registered Agent and Register CATHY LAFITTE 110 SOUTH COURT S SCOTTSVILLE, KY 42 If the above company is included in company's information here (option FEIN: Name:	TREET 164 n a parent company's Kentucky tax return as a disregarde			
specified, officer addresses default to the	e, address and title of all current officers. All organizations must list a orincipal office address. Corporations are required to list a Secretary or NDA LION(ADD)	t least one (1) officer, even other officer serving as rec	in the case of a sole officer. If not ords custodian	
			······································	
			<u> </u>	
	nust have at least three (3) directors. All directors of the non-profit mus	t be listed. If Not specified, o	lirector addresses default to the principal	
BRITTANY FISHER	<u> </u>			

The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 \$115.00, 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 SCOTTSVILLE-ALI.EN COUNTY CHAMBER OF COMMERCE, 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.

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ANGEL COSBY

Signature of officer Or chairman of the board (Required)

Ø Title (Required)

Date (Req



SCOTTSVILLE-ALI COMMERCE, INC. 110 SOUTH COURT SCOTTSVILLE KY		Notice Date: KY SoS Org. ID:	November 26, 2019 0046482	
RE:	Letter of Good Standing Request - Approved			
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.			
OUR DETERMINATION	<ul><li>from filing.</li><li>4. You have no outstanding tax asses Collections or have a valid pay ag</li></ul>	Department of Revenue. ted this letter. ax returns as required, or you are exempt assessments with the Division of		
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstate copy of this letter to the Kentucky of the notice date above.</li> <li>If you are a for-profit corporatie the Secretary of State a letter of ge Unemployment Insurance. Their te If you are a non-profit entity, pl your tax returns with the Kentucky filing requirements website is: http: consumerprotection/charity/Pages</li> </ol>	on, you will also no ood standing from t elephone number is ease remember to f y Attorney General p://ag.ky.gov/famil	within 30 days eed to provide the Division of \$ 502-564-6835. iile a copy of . The charity	
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Dottye REV3769, Taxpayer Specialist I Email: Dottye.Roberts@ky.gov Direct: 502-564-0102			