Organization ID # 0320483 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta Kentucky Secretary of State

0320483.09

amcray PRPF

Alison Lundergan Grimes

Received and Filed: 10/10/2012 11:14 AM Fee Receipt: \$115.00

RST

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 year 2012

Exact organization name and principal office address TRACY HILANDER, INC. 348 JOHNSON'S MILL RD. **GEORGETOWN KY 40324**

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/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

TRACY HILANDER 348 JOHNSON'S MILL RD. GEORGETOWN, KY 40324



Principal Officers - Li specified, officer addresses defa	ult to the principal office address. Corpo	ations are required to list a Secretary or	least one (1) officer, even in the case of a sole officer. If not other officer serving as records custodian
Treasurer	TRACY HILANDER		
President	TRACY HILANDER		
Secretary	TRACY HILANDER		
	_		
Directors - List the name director addresses default to the).No listing of directors is verification tha	t the corporation has dispensed with directors. If not specified,
TRACY HILANDER			
			*
2012. The undersigned satisfies the requiremen	states that the grounds for dis its of KRS 271B.14-210. Enclo	solution either did not exist or sed is a check in the amount o	e entity did not file its annual report for the year have been eliminated, and the entity's name of \$115.00, payable to Kentucky State Treasurer.
			ent of Revenue to release any applicable tax ired for reinstatement pursuant to KRS
If not an officer of said e	entity, please provide a Declara	ition of Power of Attorney with	the Reinstatement Application.
X Imay	Hlanles	ouned	10-1-12
Signature of officer/or ch	airman of the board (Required)	Title (Require	d) Date (Required)



EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 10/10/2012	
TRACY HILANDER, INC.	
Dear Sir/Madam:	

KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0320483





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

October 10, 2012

TRACY HILANDER, INC. 348 JOHNSON'S MILL RD. GEORGETOWN KY 40324

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TRACY HILANDER**, **INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, 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 corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Kim Carter, Revenue Program Officer Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7344 FAX# 502-564-3392

Kentucky Secretary of State organization number 0320483

