Organization ID # 0826583 State of origin

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

0826583.09

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 1/15/2019 8:52 AM Fee Receipt: \$115.00

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 2018

Exact organization name and principal office address	
BOONE CREEK NEIGHBORHOOD ASSOCIATION, IN	10
823 MCCALLS MILL ROAD	

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

LEXINGTON	KY 40515			e statement of change can be <u>y-gov/ftsearch</u> or can be ebsite.
Registered Agent and	d Registered Office Add	ress	FEIN (Optional)	
DONALD R. 7				
145 MARKET				
LEXINGTON,		riiga ya da iliyaya da ili da		
t the above company is i company's information h		ny's Kentucky tax return as a disre	garde	nt
	Name:	· · · · · · · · · · · · · · · · · · ·		
Principal Officers -	List the name, address and title	of all current officers. All organizations muss. Corporations are required to list a Seci	ust list at least one (1) officer, even in the	case of a sole officer. If not
President	MELISSA BROWN		ctary or other officer serving as records	a .
Treasurer	CHARLES MARTIN	V rest.		
Secretary	LISA GANNOE		Harris (Harris Harris)	.a #
MELISSA BROWN JOAN MAYER CAROLINE KING		e (3) directors. All directors of the non-pr		
57 ITOLINE TUITO			ing the second s	子" 第一人
				<u> </u>
				Ta Tanana Ta
The undersigned state	s that the grounds for dis	on October 16, 2018 because solution either did not exist or I heck in the amount of \$115.00	nave been eliminated, and the	entity's name satisfies the
information pertaining	ry, the below signed here to BOONE CREEK NEIG t to KRS 271B.14-220.	by authorizes the Kentucky De HBORHOOD ASSOCIATION,	partment of Revenue to releasiNC to the Secretary of State	se any applicable tax as required for
f not an officer of said	entity, please provide a I Martwi	Declaration of Power of Attorne	y with the Reinstatement App	1-9-7019
Signature of officer or o	chairman of the board (Required)	Title ((Required)	Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

BOONE CREEK NEIGHBORHOOD ASSOCIATION, INC.

7416 GRIMES MILL RD **LEXINGTON KY 40515**

Notice Date: January 15, 2019 KY SoS Org. ID: 0826583

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.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. 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 1. 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.
 - 2. **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.
 - 3. 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: Jessica REV3999, Revenue Program Officer

Email: Jessica.Roberts@ky.gov

Direct: 502-564-1056