Organization ID # 0629285 State of origin KY Filing fee \$145.00 Aliso	Commonwealth of n Lundergan Grimes,	J	vmiller PRPF e
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 Received and Filed: 5/17/2019 8:32 AM Reinstatement Annual Report Fee Receipt: \$145.00 For the years 2017 through 2019 KST		
Exact organization name and prin JEREMY WYLES LIVEST PO BOX 12236 LEXINGTON KY 40581		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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.	
company's information here (optional): FEIN: Name: Principal Officers - List the name, ac) parent company's Kentucky tax return as a c idress and title of all current officers. All organization	disregarde ent ons must list at least one (1) officer, even in the case of a sole officer. If not a Secretary or other officer serving as records custodian	
	P-WYLES		
Directors - List the name and address or director addresses default to the principal office		rerification that the corporation has dispensed with directors. If not specified	A,
The undersigned states that the gro requirements of KRS 271B.14-210. Under penalty of perjury, the below	ounds for dissolution either did not exist Enclosed is a check in the amount of \$ signed hereby authorizes the Kentucky	use the entity did not file its annual report for the year 20 t or have been eliminated, and the entity's name satisfie \$145.00, payable to Kentucky State Treasurer. y Department of Revenue to release any applicable tax etary of State, as required for reinstatement pursuant to I	s the

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

<u>X</u> Signature of officer or chairman of the board (Required)

PRESIDENT Title (Required)

S/17/19 Date (Required)



JEREMY WYLES LIVESTOCK, INC. PO BOX 12236 LEXINGTON KY 40581 Notice Date: May 17, 2019 KY SoS Org. ID: 0629285

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.	
	 You have no outstanding tax assessments with the Division of 	
	Collections or have a valid pay agreement in place.	
	concetions of have a valid pay agreement in place.	
	This notice will remain current for 30 days from the notice date above.	
WHAT YOU NEED TO D	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: Amber REV4087, Revenue Auditor I Email: Amber.Coleman@ky.gov Direct: (502) 564-7288	



COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 05/17/2019

JEREMY WYLES LIVESTOCK, 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 0629285

