Organization ID # 0406686 Commonwealth of Kentucky State of origin Filing fee \$115.00 Alison Lundergan Grimes, Secretary of S 0406686.09

9/29/2015 3:02 PM

Fee Receipt: \$115.00

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

RUTH H. BAXTER

ROBERT YOWLER

Reinstatement Application and **Reinstatement Annual Report** For the year 2015

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.

Exact organization name and principal office address CCMH CORPORATION 309 11TH ST CARROLLTON KY 41008-1435

Registered Agent and Registered Office Address

CARROLLTO	N, KY 41008			
Principal Officers - Li specified, officer addresses defa	st the name, address and title of all curr nult to the principal office address. Corpor	ent officers. All organizations must li ations are required to list a Secretar	st at least one (1) officer, even in the case of a so y or other officer serving as secords custodian	ole officer. If not
President	DENNIS RAISOR			
Secretary	JIM STEPHENSON			
Directors - Non-profit corp	orations must have at least three (3) dire	ctors. All directors of the non-profit m	nust be listed. If not specified, director addresses	default to the princip
JIM STEPHENSON				
NICK MARSH				

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 CCMH CORPORATION 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.

Signature of officer or chairman of the board (Required



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

September 29, 2015

CCMH CORPORATION 309 11TH ST CARROLLTON KY 41008-1435

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **CCMH CORPORATION** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. 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.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Nicole REVX129, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0406686

