

Organization ID # 0610589  
State of origin KY

# Commonwealth of Kentucky

Filing fee \$145.00 **Alison Lundergan Grimes, Secretary of State**

0610589.09 mstratton  
NPRF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
9/15/2014 12:37 PM  
Fee Receipt: \$145.00

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 years 2012 through 2014

**RST**

**Exact organization name and principal office address**

**AMERICAN ROAD HORSE NATURAL MUSEUM, INC.  
177 EAST 2ND STREET  
MAYSVILLE KY 41056**

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/itssearch](http://app.sos.ky.gov/itssearch) or can be downloaded from our website.

**Registered Agent and Registered Office Address**

**PAT CROPPER  
177 EAST 2ND STREET  
MAYSVILLE, KY 41056**



**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one officer. If no officer addresses are specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	<u>RAYMOND SHIVELY</u>	_____
Vice President	<u>STEVEN E CHANCELLOR</u>	_____
Secretary	<u>PAT CROPPER</u>	_____
Treasurer	<u>PAT CROPPER</u>	_____

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

<u>RAYMOND SHIVELY</u>	_____	_____
<u>STEVEN CHANCELLOR</u>	_____	_____
<u>HARLAN E. JUD, JR</u>	<u>J. J. J. J. J.</u>	_____
_____	_____	_____
_____	_____	_____

The above entity was administratively dissolved on September 11, 2012 because the entity did not file its annual report for the year 2012. 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 \$145.00, 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 AMERICAN ROAD HORSE NATURAL MUSEUM, 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.

X *Raymond Shively*  
Signature of officer or chairman of the board (Required)

PRESIDENT  
Title (Required)

AUGUST 23, 2014  
Date (Required)





**THOMAS B. MILLER**  
Commissioner

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
OFFICE OF INCOME TAXATION**

**ELYSE WEIGEL**  
Deputy Commissioner

**BOB BROOKS**  
Executive Director

September 15, 2014

**AMERICAN ROAD HORSE NATURAL MUSEUM, INC.  
177 EAST 2ND STREET  
MAYSVILLE KY 41056**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **AMERICAN ROAD HORSE NATURAL MUSEUM, INC.** 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,

M. L. REV1608, Taxpayer Services Specialist II  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
502-564-7253  
FAX# 502-564-0058

Kentucky Secretary of State organization number 0610589