

Organization ID # 0249790  
State of origin KY  
Filing fee \$130.00

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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NPRF  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
6/30/2020 6:30 PM  
Fee Receipt: \$130.00

Michael G. Adams  
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 2019 through 2020

RST

**Exact organization name and principal office address**

MARSHALL COUNTY HOSPITAL AND HEALTHCARE FOUNDATION, INC.  
615 OLD SYMSONIA ROAD  
BENTON KY 42025

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

**Registered Agent and Registered Office Address**

KENNETH SHADOWEN, CHAIRMAN  
615 OLD SYMSONIA ROAD  
BENTON, KY 42025

**FEIN (Optional)**

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Chairman	JAMES KENNETH SHADOWEN
Sole Officer	BLAKE WISEMAN
Treasurer	GARY A. SHEMWELL
Secretary	JEFFREY W. SMITH

**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.

JAMES KENNETH SHADOWEN	
GARY A. SHEMWELL	
JEFFREY W. SMITH	
BLAKE WISEMAN	
PAMELA SIRLS	

The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 \$130.00, 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 MARSHALL COUNTY HOSPITAL AND HEALTHCARE FOUNDATION, 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 David L. Fugua  
Signature of officer or chairman of the board (Required)

CEO  
Title (Required)

June 23, 2020  
Date (Required)



**KENTUCKY DEPARTMENT OF REVENUE**  
**DIVISION OF CORPORATION TAX**  
501 HIGH STREET, STATION 52  
FRANKFORT, KENTUCKY 40601-2103

Website: [www.revenue.ky.gov](http://www.revenue.ky.gov)  
Phone: 502-564-8139  
Fax: 502-564-0058

**MARSHALL COUNTY HOSPITAL AND HEALTHCARE**  
**FOUNDATION, INC.**  
**615 OLD SYMSONIA ROAD**  
**BENTON KY 42025**

Notice Date: June 30, 2020  
KY SoS Org. ID: 0249790

**RE:** *Letter of Good Standing Request - Approved*

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**SUMMARY** You requested a letter of good standing, and your entity is in **good standing** with the Department of Revenue.

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**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.

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**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>.

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**CONTACT INFORMATION** If you have any questions regarding this notice, please contact me. Thank you.

Agent: Holly REVX186, Revenue Auditor III  
Email: [Holly.Hannis@ky.gov](mailto:Holly.Hannis@ky.gov)  
Direct: 502-564-7263

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