Organization ID # 07	31490	0			1111 00 - 0 2 112 10 0 1 2	
State of origin KY	,	Commonwealt	п от кептиску	ſ	0731490.09	amcray
Filing fee \$190.00 Alison Lundergan G Secretary of Sta P. O. Box 718	rimes te	_	t Application a	and	Alison Lundergan Grime Kentucky Secretary of S Received and Filed: 6/22/2015 3:28 PM Fee Receipt: \$190.00	
Frankfort, KY 40602			nt Annual Repo			
(502) 564-3490 http://www.sos.ky.		For the years	2010 through 2015			
Exact organization na					e address and registered agent is cannot be changed on this	
NICHOLS PES	CONTROL,	INC.			ting, you cannot modify the einstatement is filed. Once the	
PO BOX 1599 SOMERSET KY	42502		reinstat filed on	tement is filed), the statement of change can be <u>os.ky.gov/ftsearch</u> or can be	•
Registered Agent and	Registered O	ffice Address				
WADE NICHOL 221 NORTH MA SOMERSET, K	IN STREET					
Principal Officers - List i specified, officer addresses default	he name, address to the principal offi	and title of all current officers. All org ce address. Corporations are required	anizations must list at least one (1) o to list a Secretary or other officer se	officer, even i erving as reco	n the case of a sole officer. If not ords custodian	
President	Dyanna	Nichols				
Vice-President Secretary Treasurer	Melvin	Wade Nichols				·
Directors - List the name an director addresses default to the p		ectors (if applicable).No listing of direc ss.	tors is verification that the corporation	on has dispen	sed with directors. If not specified	I,
		·····				
2010. The undersigned st satisfies the requirements	ates that the g of KRS 271B.	ssolved on November 2, 201 rounds for dissolution either 14-210. Enclosed is a check	did not exist or have been in the amount of \$190.00,	eliminated payable to	I, and the entity's name o Kentucky State Treasu	rer.
Under penalty of perjury, t information pertaining to N 271B.14-220.	the below signer NCHOLS PES	ed hereby authorizes the Ker T CONTROL, INC. to the Se	ntucky Department of Reve cretary of State, as require	enue to rel d for reins	ease any applicable tax tatement pursuant to KR	S
If not an officer of said en	tity, please pro	vide a Declaration of Power	of Attorney with the Reinsta	atement A	pplication.	
X June Mul	man of the board (F	Preside	nt Title (Required)		06-19-15 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

June 22, 2015

NICHOLS PEST CONTROL, INC. **PO BOX 1599 SOMERSET KY 42502**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate NICHOLS PEST CONTROL, INC. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, and has paid the taxes shown to be due or assessed as of the date of this letter. 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.

Sincerely,

Darrell REVX023, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2127 FAX# 502-564-3392

Kentucky Secretary of State organization number 0731490





EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 <u>www.oet.ky.gov</u> Thomas O. Zawacki Secretary

> Buddy Hoskinson Executive Director

Date: 06/22/2015

NICHOLS PEST CONTROL, 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 0731490

