Organization ID # 0186194 State of origin KY Filing fee \$130.00 <b>Alisor</b>	Commonwealth of Ke n Lundergan Grimes, Sec	cretary of St Received	NPRF ndergan Grimes Secretary of State and Filed: 12:16 PM
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applie Reinstatement Annu For the years 2013 thro	cation and al Report	ipt: \$130.00
Exact organization name and pri KENTUCKY SHOW, INC. 325 WEST MAIN ST. SUITE 2300 LOUISVILLE KY 40202	ncipal office address	The principal office address and name/office address cannot be form. When reinstating, you cann addresses until the reinstatement i reinstatement is filed, the statemer filed online at <u>app.sos.ky.gov/ftse</u> downloaded from our website	changed on this of modify the is filed. Once the
Registered Agent and Registered FROST BROWN TODD LL 400 WEST MARKET ST. SUITE 3200 LOUISVILLE, KY 40202 Principal Officers - List the name, addre			
Secretary         C. EDWAR           President         SHARON S           Treasurer         MICHAEL	Seand title of all current officers. All organizations must list a office address. Corporations are required to list a Secretary o RD GLASSCOCK S. POTTER B. MOUNTJOY T HANDMAKER	r other officer serving as records custodian	sole officer. If not
	at least three (3) directors. All directors of the non-profit must 406 Wynfield ( 406 Wynfield ( 5003 Old Federal Maker 2403 Tap Hi	2 Place Louisve	le 40207
satisfies the requirements of KRS 273.3	issolved on September 28, 2013 because the grounds for dissolution either did not exist or h 3181. Enclosed is a check in the amount of \$1	entity did not file its annual reportance been eliminated, and the ent	t for the year ity's name
information pertaining to KENTUCKY SI 271B.14-220.	Hed hereby authorizes the Kentucky Departme HOW, INC. to the Secretary of State, as requi	ent of Revenue to release any app red for reinstatement pursuant to	blicable tax KRS

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

 X
 Signature of officer or chairman of the board (Required)

 Signature of officer or chairman of the board (Required)
 Title (Required)

//16/2014 Date (Required)

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THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

January 28, 2014

## KENTUCKY SHOW, INC. 325 WEST MAIN ST. SUITE 2300 LOUISVILLE KY 40202

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **KENTUCKY SHOW, 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,

Stephanie Brown, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-562-2028 FAX# 502-564-3392

Kentucky Secretary of State organization number 0186194

