Organization ID # 0472594 **Commonwealth of Kentucky** State of origin Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

0472594.09

vmiller **PRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 8/8/2019 8:37 AM Fee Receipt: \$130.00

RST

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 2018 through 2019

Exact organization name and principal office address CLAYMAKER, INC. **332 BATES ROAD**

ELIZABETHTOWN KY 42701

Registered Agent and Registered Office Address

JAMES A. CLAYTON 332 BATES ROAD **ELIZABETHTOWN, KY 42701**

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

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.

specified, officer addresse	s default to the principal office address. Corporations	cers. All organizations must list at least one (1) officer, e are required to list a Secretary or other officer serving as	
Sole Officer	JAMES A CLAYTON		
	ame and address of all directors (if applicable). No lis to the principal office address.	ting of directors is verification that the corporation has d	ispensed with directors. If not specified,
JAMES A CLAYTO			
		16, 2018 because the entity did not file its	
		er did not exist or have been eliminated, a	
•		the amount of \$130.00, payable to Kentuc	•
Under penalty of pe information pertaini	rjury, the below signed hereby authorizeing to CLAYMAKER, INC. to the Secreta	es the Kentucky Department of Revenue to ry of State, as required for reinstatement p	o release any applicable tax oursuant to KRS 271B.14-220.
If not an officer of s	aid entity, please provide a Declaration	of Power of Attorney with the Reinstateme	nt Application.
\mathbf{x} (/a	nge -	OWNER	08/06/2019
Signature of office	or chairman of the board (Required)	Title (Required)	Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

CLAYMAKER, INC. 332 BATES ROAD **ELIZABETHTOWN KY 42701** Notice Date: KY SoS Org. ID: August 7, 2019

0472594

RE: Letter of Good Standing Request - Approved

SUMMARY

You requested a letter of good standing, and your entity is in **good**

standing with the Department of Revenue.

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.

- 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.

CONTACT INFORMATION

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

Agent: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 https://kewes.ky.gov UITax@KY.GOV

Date: 08/07/2019	
CLAYMAKER, INC.	
Dear Sir/Madam:	
	KRS 14A.7-030(1)(f) CERTIFICATE

The Office 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,

Richard Lemay
Office of Unemployment Insurance
PO Box 948
Frankfort, Kentucky 40602-0948
Phono: (502) 564, 2272

Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0472594

