Organization ID State of origin Filing fee \$145	KY	Commoi Lunderga	nwealth o n Grimes		Kentucky Se Received ar 6/11/2018 12	PRPF lergan Grimes ecretary of State ad Filed: 2:23 PM
Alison Lunde		Deinete	townout A	multantia	Fee Receipt	: \$145.00
Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov		Reinstatement Application and				RST
		Reinstatement Annual Report For the years 2016 through 2018				
Exact organization name and principal office address The principal office address AUSTIN TRANSPORT, INC. form. When reinstating, you 560 WILLIAMS BR. FLAT GAP KY 41219 filed online at app.sos,ky.go downloaded from our website						ot be changed on this cannot modify the ment is filed. Once the tement of change can be <u>wiftsearch</u> or can be
OIL SPRI If the above compari- company's information FEIN: Principal Officer	HWY 580 NGS, KY 41238 Iy is included in a par on here (optional)! Name: rs - List the name, add	ent norspany's Kentu	t officers. All organization	ons must list at least (one (1) officer, even in the case o	ent of a sole officer. If not
specified, officer address President	1 A. C. & MAL	OUSLEY II	ons are required to list	a Secretary or other (officer serving as records custodia	an
resident	<u>GAN D</u>					۵ کار رویک ^ر بیشنگر میشک _و میشکو
		ýr a <u>n 1993 - 1997 - 1997 - 1997 - 1997 - 1997</u>				
		and the second		1 Produces	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	name and address of a		lo listing of difectors in	verification that the q	procedion has dispensed with dir	ectors. If not specified,
	<u>`````````````````````````````````</u>	<u> </u>	Alexandre and a second	<u>}</u>		
The undersigned s	states that the grou	nds for dissolution (either did not exis	t or have been	o not file its annual repor eliminated, and the entity	's name satisfies the
Under penalty of p	erjury, the below s	igned hereby autho ANSPORT, INC. to	rizes the Kentuck	y Department o State, as require	le to Kentucky State Treat Revenue to release any of for reinstatement purs	applicable tax

If pot an officer of said antity, please provide a Declaration of Power of Atomey with the Reinstatement Application. 1 Signature of office or chairman of the board (Required)

Title (Required)

Date (Required)



COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 <u>https://kewes.ky.gov</u> DES.UIT@KY.GOV

Date: 06/11/2018

AUSTIN TRANSPORT, 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,

Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0473995





AUSTIN TRANSPORT, INC. 560 WILLIAMS BR. FLAT GAP KY 41219

Notice Date:	June 11, 2018
KY SoS Org. ID:	0473995

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.				
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place. 				
WHAT YOU NEED TO DO					
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Bruce REV3968, Taxpayer Services Specialist I Email: Bruce.Owens@ky.gov Direct: 502-564-2038				