Organization ID # 0034196 Commonwealth of Kentucky State of origin KY Filing fee \$295.00 Alison Lundergan Grimes, Secretary of Stat						Received			
(502) 564-3490	Reinstatement Application and					2/6/2015 2	ris PM ipt: \$295.00		
Exact organization name and principal office address MAYFIELD-GRAVES COUNTY VOLUNTEER FIRE DEPARTMENT, INC. % JIM REDMON 127 ERWIN DRIVE MAYFIELD KY 42066					name/office address form. When reinstatin addresses until the re reinstatement is filed, filed online at <u>app.so</u>	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 <u>app.sos.kv.gov/ftsearch</u> or can be downloaded from our website.			
Registered Agent and J JIM REDMON RIDGELAND DI MAYFIELD, KY Principal Officers - List t specified, officer addresses default	R., RT. # 42066 he name, ac	1 dress and title o	f all current officers. A	I organizations must list at le	east one (1) officer, even in her officer serving as recor	the case of a so	ble officer. If not		
Treasurer	GARLG	S CLUTTS	Roma	ine + Associ	ater PLLC				
President	JIM R	EDMON	Randy S	helton					
Vice President	DAVID	WARNER	Josh E	asley	and the second				
Secretary	GARLC	S CLUTTS	Romai	ne + Associ	ates, PLLC	2	<u></u>	_	
Directors - Non-profit corpora office address.	ations must l	nave at least three	(3) directors. All direct	tors of the non-profit must be	e listed. If not specified, din	ector addresses	default to the print	cipal	
JOHN DAVIS		Jem	ajors		an har an	<u>. (</u>			
JIM ABERNANTHY		Richard	- <u>Sheltor</u>			<u> </u>			
DEWAYNE REDMON		Calvin	Moyers				·		
					<u>, frank frank</u>				
<u></u>			·	4 1. 				_	
The above entity was adm 2003. The undersigned st satisfies the requirements	ates that	the arounds f	or dissolution eit	her did not exist or ha	ave been eliminated,	and the ent	tity's name		
Under penalty of perjury, information pertaining to N required for reinstatement	MAYFIEL pursuan	D-GRAVES C t to KRS 271	OUNTY VOLUN 3,14-220	TEER FIRE DEPART	MENT, INC. to the S	Secretary of	plicable tax State, as		
If not an officer of said en	tity, pleas	se provide a D	eclaration of Po	wer of Attorney with the	he Reinstatement Ap	oplication.			

X Ramph Shifts Signature of officient or chairman of the board (Required)

Title (Required)

2.2.15

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

February 6, 2015

MAYFIELD-GRAVES COUNTY VOLUNTEER FIRE DEPARTMENT, INC. PO BOX 571 MAYFIELD KY 42066

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **MAYFIELD-GRAVES COUNTY VOLUNTEER FIRE DEPARTMENT, 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,

Vickie REVE230, Revenue Program Officer Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7367 FAX# 502-564-3392

Kentucky Secretary of State organization number 0034196

