

Organization ID # 0079696
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0079696.09	bschell NPRF
Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/15/2012 8:21 AM Fee Receipt: \$130.00	

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 2011 through 2012

Exact organization name and principal office address

CARLISLE COUNTY MEDICAL CLINIC, INC.
% ERNEST L. WILLIAMS
CITIZENS DEP. BANK
ARLINGTON KY 42021

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.

Registered Agent and Registered Office Address

MICHAEL HOGANCAMP
HWY. 51, P. O. BOX 514
BARDWELL, KY 42032

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Secretary BRENDA WATSON

President H C SAMS

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

ERNEST L WILLIAMS

WALTER HAYS

JOE D DAVIS

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 273.3181. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to CARLISLE COUNTY MEDICAL CLINIC, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

X

E. L. Williams
Signature of officer or chairman of the board (Required)

DIR
Title (Required)

2/9/12
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 14, 2012

**CARLISLE COUNTY MEDICAL CLINIC, INC.
% ERNEST L. WILLIAMS
CITIZENS DEP. BANK
ARLINGTON KY 42021**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **CARLISLE COUNTY MEDICAL CLINIC, 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,

Dustin Rose, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-2099
FAX# 502-564-3392

Kentucky Secretary of State organization number 0079696