Organization ID # State of origin Filing fee \$130.0	KY NAL I	mmonwe I G. Adan			-		dams cretary of \$ d Filed:	vmille PRPF State	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov							2/20/2020 11:10 AM Fee Receipt: \$130.00		
EXact organization name and principal on do dudress name/offic FETAL PHOTOGRAPHY OF LAKE CUMBERLAND, INC. form. Whe 2520B MONTICELLO RD. addresses SOMERSET KY 42501 reinstatem					name/office ad form. When rei addresses until reinstatement is filed online at a	pal office address and registered agent e address cannot be changed on this n reinstating, you cannot modify the until the reinstatement is filed. Once the ent is filed, the statement of change can be at <u>app.sos.ky.gov/ftsearch</u> or can be d from our website.			
CHERIE H. D 2520B MONT SOMERSET, If the above company is company's information h FEIN: Principal Officers -	ICELLO RD. KY 42501 ncluded in a parent compa	ny's Kentucky tax	All organizations	must list at least	ane (1) afficer, ev	ren in the case of a	sole officer. If n	t	
specified, officer addresses de President	REBECCA LOUIS		equired to list a c	ecretary or other_	UNICEI SEIVING AS				
Secretary	CHERIE HUFF DI		W. W.						
Vice President	CHERIE HUFF DI		N. W.	, Antonio ,					
Treasurer	CHERIE HUFF DI	CK		S. States	,	6. v XX, X			
lirector addresses default to th		applicable).No listing o		ification that the c	corporation has di	spensed with directo	ors. If Not speci	fied,	
REBECCA LOUISE J		<u>ALLA SHITA</u> TALAK TALA		NY 186 - C.L. Ny INSEE DIA GMT+	an a	nalisiki a <u>.</u> Realise	<u> </u>		
CHERIE HUFF DICK	1 - 42860 - 147 <u>88</u> - 2 8 - 14846 - 1486 - 14	- <u>~~, % % % %</u> *****.%%	<u>- 4 2 4 4 5 7 4</u> 2014 - 5 2 2 3 3	<u>a ka NAC</u> Reference	- and the second s	erectroger <u>e</u> Serectros			
	n senten en <u> </u>		<u>"</u>	ia Na na hada araa					
			an a		13				
		1000 (mar. 1000) 	an a	and the second	1 39 3				
The undersigned states requirements of KRS 2 Under penalty of perjur information pertaining t reinstatement pursuant	dministratively dissolved that the grounds for dis 71B.14-210. Enclosed is y, the below signed here o FETAL PHOTOGRAP to KRS 271B.14-220. entity, please provide a	solution either d a check in the a by authorizes th HY OF LAKE CL Declaration of Po	id not exist of amount of \$1 e Kentucky I IMBERLANI	r <u>have</u> been 30.00, payab Department o), INC. to the ney with the F	eliminated, a le to Kentuck f Revenue to Secretary of	nd the entity's r y State Treasu release any ar State, as requi	name satisfi irer. oplicable tax	ies the x	
Stynature of officer Or c	hairman of the board (Required)			le (Required)	· · · · · · · · · · · · · · · · · · ·		Pate (Required)		



FETAL PHOTOGR INC. 2520B MONTICEL SOMERSET KY 42	Notice Date: February 20, 20 KY SoS Org. ID: 0870696						
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	 RMINATION 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	 If you are attempting to reinstate copy of this letter to the Kentucky of the notice date above. If you are a for-profit corporatie the Secretary of State a letter of ge Unemployment Insurance. Their term 	v Secretary of State on, you will also no ood standing from	within 30 days eed to provide the Division of				

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 If you have any questions regarding this notice, please contact me. Thank **INFORMATION** you. Agent: Dottye REV3769, Taxpayer Specialist I Email: Dottye.Roberts@ky.gov Direct: 502-564-0102



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

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

Date: 02/20/2020

FETAL PHOTOGRAPHY OF LAKE CUMBERLAND, 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,

Chad Atha Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0870696

