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 <b>good standing</b> with the Department of Revenue.						
OUR DETERMINATION	<ul> <li>RMINATION We verified the following information.</li> <li>1. You are registered with the Department of Revenue.</li> <li>2. An authorized person requested this letter.</li> <li>3. You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ul>						
WHAT YOU NEED TO DO	<ol> <li>If you are attempting to reinstate copy of this letter to the Kentucky of the notice date above.</li> <li>If you are a for-profit corporatie the Secretary of State a letter of ge Unemployment Insurance. Their term</li> </ol>	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

