Organization ID # 0114697 Commonwealth of Kentucky State of origin KY Filing fee \$ 15.00 Alison Lundergan Grimes, Secretary of State			0114697.09 amcray PRPF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/25/2012 8:56 AM	
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 year 2012		Fee Receipt: \$15.00	
Exact organization name and pr EAST KENTUCKY CARE -2101 HWY. 15 NORTH P. O. BOX 1066 HAZARD KY 41702-	incipal office address ET CENTER, INCORPORATED 48 WILLIES WAY HAZARD KY 41701	name/office address ca form. When reinstating, addresses until the reins reinstatement is filed, the	tatement is filed. Once the e statement of change can be <u>y.gov/ftsearch</u> or can be	-
Registered Agent and Registere WILLIAM M. POLLARD 48 WILLIES WAY HAZARD, KY 41701 Principal Officers - List the name, add	d Office Address	at least one (1) officer, even in the	e case of a sole officer. If not	
	al office address. Corporations are required to list a Secretary	or other onicer serving as records		-
Directors - List the name and address of a director addresses default to the principal office a	all directors (if applicable).No listing of directors is verification t address.	hat the corporation has dispensed	with directors. If not specified,	- - - - -
2012. The undersigned states that the satisfies the requirements of KRS 2	y dissolved on September 11, 2012 because t ne grounds for dissolution either did not exist o 71B.14-210. Enclosed is a check in the amoun	r have been eliminated, a t of \$115.00, payable to K	nd the entity's name entucky State Treasurer.	-
information pertaining to EAST KEN reinstatement pursuant to KRS 271	signed hereby authorizes the Kentucky Depart TUCKY CARPET CENTER, INCORPORATED 3.14-220.	to the Secretary of State,	, as required for	

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

ALANA er or chairman of the board (Required) 9-2/-/ 2 Date (Required) Owner /Mesider X itle (Required)

X Peralty Fee wained Per Noel Caldwell



THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

September 25, 2012

EAST KENTUCKY CARPET CENTER, INCORPORATED 48 WILLIES WAY HAZARD KY 41701

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **EAST KENTUCKY CARPET CENTER, INCORPORATED** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, and has paid the taxes shown to be due or assessed as of the date of this letter. 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.

Sincerely,

Holly Hannis, Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7263 FAX# 502-564-0058

Kentucky Secretary of State organization number 0114697





EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 <u>www.oet.ky.gov</u> Joseph U. Meyer Secretary

William Monterosso Executive Director

Date: 09/25/2012

EAST KENTUCKY CARPET CENTER, INCORPORATED

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,

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

Kentucky Secretary of State organization number 0114697

