Organization ID # 0672697 Commonwealth of Kentucky State of origin KY Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta			0672697.09 mstrattor NPRF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:	
Alison Lundergan Secretary of S P. O. Box 7 Frankfort. KY 406 (502) 564-34 http://www.sos.k	StateReinstatemen18 02-0718Reinstatemen190For the years	nt Application and ent Annual Report 2011 through 2012	2/23/2012 12:58 PM Fee Receipt: \$130.00	
CAPITAL CIT R O: BOX 47 FRANKFOR Registered Agent an CHRIS CON 309 MEADO	רע א ונטטין Y 40604 אונטטין Y 40604 May MAY W LANE	name/office addre form, When reinsta addresses until the reinstatement is file	e address and registered agent ss cannot be changed on this ting, you cannot modify the reinstatement is filed. Once the d, the statement of change can be <u>os,ky,gov/ftsearch</u> or can be ur website.	
FRANKFORT Principal Officers - L specified, officer addresses def President	ist the name, address and title of all current officers. All or ault to the principal office address. Corporations are require <u>CHRIS CONWAY</u> <u>MERIDITH C GOINS</u> DAVID W GOINS	rganizations must list at least one (1) officer, even i ed to list a Secretary or other officer serving as reco	in the case of a sole officer. If not ords custodian	
office address. THOMAS W BRANN	-ELWOOD-CONWAY, III- porations must have at least three (3) directors. All directors ER III	s of the non-profit must be listed. It not specified id	irector and vases bencin to a virinmence	
WILLIAM F BUCHWA		name and the second		

PEUGY GUUD

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 CAPITAL CITY COMMUNITY BAND, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-22

If not an office of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application. Prident Х Title (Required) Signature of C cer or chairman of the board Required)

Feb. 21,2012



THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE **OFFICE OF INCOME TAXATION**

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

February 23, 2012

CAPITAL CITY COMMUNITY BAND, INC. P.O. BOX 4787 FRANKFORT KY 40604

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, CAPITAL CITY COMMUNITY **BAND**, 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,

Darrell Young Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2127 FAX# 502-564-3392

Kentucky Secretary of State organization number 0672697

