Organization ID # 0735803 State of origin KY

Filina fee

KY \$115.00 Commonwealth of Kentucky Trey Grayson, Secretary of State

0735803.09

bschell PRPF

Trey Grayson, Secretary of State

Received and Filed: 11/30/2010 1:43 PM Fee Receipt: \$115.00

Trey Grayson
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 2010

**RST** 

Exact professional service corporation name and principal office address FANNIN EMERGENCY SERVICES, PSC

P.O. BOX 1017
ASHLAND KY 41105

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

EMILY J. COX 1200 BATH AVENUE ASHLAND, KY 41101

Principal Officers - L	ist the name, address and ti	tle of all current officers.	All organizations must list at least	one (1) officer, even in the case of a	sole officer.
President	FRANKlin	1 W Farm	n 10 Bex 1017	ASDIANI, KY	4/1105-1017
Vice-President					,
Secretary					
Treasurer			_		
Directors - List the name	and address of all directors	(if applicable).No listing of	directors is verification that the co	orporation has dispensed with direct	tors.
— w	<del></del>		··		
Shareholders - List the	name and address of the co	orporation's shareholders.			
					-
2010. The undersigned	states that the ground	ds for dissolution ei	ther did not exist or have	did not file its annual report been eliminated, and the e 5.00, payable to Kentucky	entity's name
Under penalty of perjury information pertaining to	y, the below signed he o FANNIN EMERGEN	ereby authorizes the CY SERVICES, PS	e Kentucky Department of SC to the Secretary of Sta	Revenue to release any a te, as required for reinstate	pplicable tax ement pursuant to

Required) Title (Required)

Certificate of Professional Service Corporation

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

I, president of said corporation, certify that all the shareholders, not less than half of the directors, and all officers other than secretary and treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 and a copy of such annual report has been filed, with the regulating board that licenses the shareholders described in this certificate.

Signature of president of the professional service comporation (Required)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

DON RICHARDSON Executive Director

November 29, 2010

FANNIN EMERGENCY SERVICES, PSC P.O. BOX 1017 ASHLAND KY 41105

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **FANNIN EMERGENCY SERVICES**, **PSC** has filed Kentucky Income Tax Returns through the tax year ended December 31, 2009, 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 professional service corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Gary Horne, Revenue Program Officer Division of Corporation Tax 501 High Street, 7th Floor, Sta.52 Frankfort, KY 40601 502-564-7281 FAX# 502-564-0058

Kentucky Secretary of State organization number 0735803





## 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 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

Date: 11/29/2010

FANNIN EMERGENCY SERVICES, PSC

Dear Sir/Madam:

KRS 271B.14-220(1)(e) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 271B.14-220(1)(e).

Sincerely,

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

Kentucky Secretary of State organization number 0735803

