Organization ID # 07	75009		C 1 / i i				
State of origin KY Commonwealth Of Mentucky					5009.09	ADevin NPR	
Filing fee \$115.00 Michael G. Ada	ms	. Adams, Se		Kentu Recei 11/19	icky Secretary ived and Filed: /2020 9:35 AM	of State	
Secretary of State Rei		instatement Application and		and Fee F	Fee Receipt: \$115.00		
P. O. Box 718 Frankfort, KY 4060 (502) 564-349 http://www.sos.ky	³ 2-0718 0 Rei i	Reinstatement Annual Report For the year 2020				31	
Exact organization nam	e and principal office ad	dress	The pi	rincipal office add	iress and register	ed agent	
	EY COUNTY DISASTER I VENUE	RELIEF, INC. name/office a form. When ru- addresses uni reinstatement filed online at		When reinstating, sses until the reins atement is filed, the	address cannot be changed on this einstating, you cannot modify the il the reinstatement is filed. Once the is filed, the statement of change can be <u>app.sos.ky.gov/ftsearch</u> or can be om our website.		
company's information here FEIN: Na	2539-0073 luded in a parent company's l	· · · · · · · · · · · · · · · · · · ·	`````````````````````````````````	officer: even in the	case of a sole offic	ent er. If not	
specified, officer addresses defau	It to the principal office address. Co	rporations are required to list a	Secretary or other officer s	erving as records of	ustodian		
President	BRENDA CARMICLE				<u></u>		
Vice President	DANNY CLEMENTS		att 1000 and 1				
Secretary	RHONDA WETHINGT					··	
	rations must have at least three (3)		on-profit must be listed. If No	pt specified, directo	or addresses defaul	t to the principal	
BRENDA CARMILLE	and the second of	R. R. R. R. L. L. L. L.	Stand Street	78455			
DANNY CLEMENTS	VORN -	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	TABAR .	1,223,7			
RHONDA WETHINGT	DN	WI WI		11531		• •	
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	NEW X		na sa	1. 1. 1. 1. 1. 1. 1. 1.		,	
The undersigned states t	ministratively dissolved on hat the grounds for dissolu 3.3181. Enclosed is a chect	tion either did not exist	or have been elimin	ated, and the	entity's name s	rear 2020 satisfies t	

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to LIBERTY - CASEY COUNTY DISASTER RELIEF; INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

te of officer Or chairman of the board (Required) Title (Required)



LIBERTY - CASEY COUNTY DISASTER RELIEF, INC. Notice Date: November 18, 2020 280 BELDON AVENUE P.O. BOX 73 LIBERTY KY 42539-0073					
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	 We verified the following information. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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 your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835. 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 INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Dottye REV3769, Taxpayer Specialist I Email: Dottye.Roberts@ky.gov Direct: 502-564-0102				