Organization ID # 06035 State of origin KY	Commonwear	th of Kentucky	0603521.09	amcray PRPF
Alison Lundergan Grim Secretary of State		Reinstatement Application and		es State
P. O. Box 718 Frankfort, KY 40602-07 (502) 564-3490	P. O. Box 718 ankfort, KY 40602-0718 Reinstatement Annual Report		K31	
Exact organization name LOUISVILLE ENV 829 S FLOYD STF LOUISVILLE KY 4	EET	name/office address form. When reinstatin addresses until the rei reinstatement is filed	address and registered agent cannot be changed on this Ig, you cannot modify the instatement is filed. Once the the statement of change can be <u>sky.gov/ftsearch</u> or can be website.	
	R EET 0203 ame, address and title of all current officers. All or	rganizations must list at least one (1) omcer, even in		
	NNROMER	ed to list a Secretary or other officer serving as recon	ds custodian	
Directors - List the name and ad director addresses default to the princip		ectors is verification that the corporation has dispense	ed with directors. If not specified,	-
				-

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. 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 271B.14-210. 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 LOUISVILLE ENVELOPE, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

in not an-outcer of said entity, please provide a Declaration of Power of Altorney with the Reinstatement Application.					
X	President/our	4-8-14			
Signature of officer or chairman of the board (Required)	Title (Required)	Date (Required)			



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> Thomas O. Zawacki Secretary

> Buddy Hoskinson Executive Director

Date: 04/10/2014

LOUISVILLE ENVELOPE, INC.

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 0603521





THOMAS B. MILLER Commissioner

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

ELYSE WEIGEL **Deputy Commissioner**

BOB BROOKS Executive Director

April 10, 2014

LOUISVILLE ENVELOPE, INC. **829 S FLOYD STREET LOUISVILLE KY 40203**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate LOUISVILLE ENVELOPE, INC. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Becky Breeze, Taxpayer Services Specialist I Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2117 FAX# 502-564-3392

Kentucky Secretary of State organization number 0603521

