Organization ID # 0466911 Commonwealth of Kentucky State of origin Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

0466911.09

mstratton **PRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 10/28/2013 4:18 PM Fee Receipt: \$130.00

RST

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 years 2012 through 2013

Exact organization name and principal office address

TREE CARE, INC. **13319 AIKEN RD LOUISVILLE KY 40223** 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.kv.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

EDWARD C. HAGER, III 13319 AIKEN ROAD LOUISVILLE, KY 40223



Sole Officer	EDWARD C HAGER, III	
		Digital Control of the Control of th
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	name and address of all directors (if applicable to the principal office address.	e).No listing of directors is verification that the corporation has dispensed with directors. If not specified,
	38	
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	76.54 <u>.</u>	
012. The undersig	ned states that the grounds for dis	eptember 11, 2012 because the entity did not file its annual report for the year isolution either did not exist or have been eliminated, and the entity's name used is a check in the amount of \$130.00, payable to Kentucky State Treasurer
satisties the require		
Jnder penalty of pe	erjury, the below signed hereby auting to TREE CARE, INC. to the Sec	thorizes the Kentucky Department of Revenue to release any applicable tax cretary of State, as required for reinstatement pursuant to KRS 271B.14-220.
Under penalty of penformation pertaini	ng to TREE CARE, INC. to the Sec	chorizes the Kentucky Department of Revenue to release any applicable tax cretary of State, as required for reinstatement pursuant to KRS 271B.14-220. ation of Power of Attorney with the Reinstatement Application.

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 www.oet.ky.gov Thomas O. Zawacki Secretary

Buddy Hoskinson Executive Director

Date: 10/28/2013		
TREE CARE, 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 0466911





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

October 28, 2013

TREE CARE, INC. 13319 AIKEN RD LOUISVILLE KY 40223

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TREE CARE**, **INC**. 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,

Matthew McLaughlin, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2169 FAX# 502-564-3392

Kentucky Secretary of State organization number 0466911

