Organization ID # 0539400 State of origin

Commonwealth of Kentucky Filing fee \$160.00 Alison Lundergan Grimes, Secretary of Stat

0539400.06

amcray LRPF

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 3/1/2018 2:35 PM Fee Receipt: \$160.00

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 2015 through 2018

Exact limited liability company name and principal office address **NEW HAVEN ASSISTED LIVING -MARION, LLC** 3315 PARK AVENUE PADUCAH KY 42001

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.

The principal office address and registered agent

Registered Agent and Registered Office Address	FEIN (Optional)
WAYNE P. MCGEE	
4063 ALAMEDA CRESCENT	
PADUCAH, KY 42001	
If the above company is included in a parent company's Kentu company's information here (optional):	ky tax return as a disregarded e
FEIN: Name:	
Members - List the name and address of the limited liability company LLCs are not required to list their members.	members. If not specified, addresses default to the LLC's principal office address Member-managed
WAYNE P. MCGEE 905	Tyree Rd, Paducal Ky 42003
	1,55.50,750,550,750,750,750,750,750,750,750,7
2015. The undersigned states that the grounds for disso	mber 12, 2015 because the entity did not file its annual report for the year tion either did not exist or have been eliminated, and the entity's name check in the amount of \$160.00, payable to Kentucky State Treasurer.
Under penalty of perjury, the below signed hereby author information pertaining to NEW HAVEN ASSISTED LIVIN pursuant to KRS-2718-14-220.	zes the Kentucky Department of Revenue to release any applicable tax G -MARION, LLC to the Secretary of State, as required for reinstatement
If not an officer of said entity, please provide a Declaration	n of Power of Attorney with the Reinstatement Application.
x 4/1/1/2/2	Monte 2-23-18
Signature of member or manager (Required)	Title (Required) Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

502-564-0058 Fax:

NEW HAVEN ASSISTED LIVING -MARION, LLC 3315 PARK AVENUE

March 1, 2018 KY SoS Org. ID: 0539400

Notice Date:

PADUCAH KY 42001

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.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. 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 1. 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.
 - 2. 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.
 - 3. 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: Holly REVX186, Revenue Auditor III

Email: Holly.Hannis@ky.gov

Direct: 502-564-7263