Organization ID # 0836800 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

0836800.06

Alison Lundergan Grimes **Kentucky Secretary of State**

4-23-19

Received and Filed: 4/23/2019 2:19 PM Fee Receipt: \$130.00

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 2018 through 2019

| Exact limite | d liability | company name | and | principal | office | address |
|--------------|-------------|--------------|-----|-----------|--------|---------|
| | | | | | | |

MARYANN THOMPSON, LLC 1042 SOUTH PARK DRIVE **BOWLING GREEN KY 42103**

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 Age | ent and Registered Office Address | FEIN (Optional) | |
|---------------------------------------|---|---|------|
| | ANN THOMPSON | | |
| 1042 5 | SOUTH PARK DRIVE | | |
| | ING GREEN, KY 42103 | | |
| If the above comp company's inform | pany is included in a parent company's Ke nation here (optional): Name: | ntucky tax return as a disregarded | |
| FEIN. | Name | | |
| | the name And address of the limited liability com d to list their members. | any's members. If not specified, addresses default to the LLC's principal office address Member-mana | aged |
| MARYANN TH | IOMPSON | | |
| | | | |
| | - | | |
| | | | |
| | | | |
| | | | |
| The undersigne | d states that the grounds for dissolution | ctober 16, 2018 because the entity did not file its annual report for the year 20 in either did not exist or have been eliminated, and the entity's name satisfies the amount of \$130.00, payable to Kentucky State Treasurer. | |
| | | horizes the Kentucky Department of Revenue to release any applicable tax C to the Secretary of State, as required for reinstatement pursuant to KRS | |
| If not an officer | of said entity, please provide a Declar | ation of Power of Attorney with the Reinstatement Application. | |

owner manager

Title (Required)

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

April 23, 2019

0836800

502-564-0058 Fax:

MARYANN THOMPSON, LLC 129 SUNNINGDALE DRIVE **GEORGETOWN KY 40324**

Notice Date:

KY SoS Org. ID:

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: Amber REV4087, Revenue Auditor I

Email: Amber.Coleman@ky.gov

Direct: (502) 564-7288