Organization ID # 0539402 State of origin

Alison Lundergan Grimes

Secretary of State

P. O. Box 718

Frankfort, KY 40602-0718

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

0539402.06

amcray **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

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Reinstatement Application and Reinstatement Annual Report For the years 2015 through 2018

RST

Date (Required)

(502) 564-3490 http://www.sos.ky.gov

Signature of member or manager (Required)

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

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 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 Kentucky tax return as	a disregarded e
company's information here (optional): FEIN: Name:	
Name.	
Members - List the name and address of the limited liability company's members. If not sp LLCs are not required to list their members.	pecified, addresses default to the LLC's principal office address Member-managed
WAYNE P. MCGEE 905 Tyree R	d. Paducan 14y 42003
	
	
The above entity was administratively dissolved on September 12, 2015	because the entity did not file its annual report for the year
2015. The undersigned states that the grounds for dissolution either did	
satisfies the requirements of KRS 275.295. Enclosed is a check in the a	
•	
Under penalty of perjury, the below signed hereby authorizes the Kentu	
information pertaining to NEW HAVEN ASSISTED LIVING - PADUCAH	, LLC to the Secretary of State, as required for reinstatement
pursuant to KRS 271B-17-220.	
If not an officer of sald entry blease provide a Declaration of Power of	Attorney with the Reinstatement Application.
x 11 11 Vac YVI	mh 2-23-18

Title (Required)

Website: www.revenue.kv.gov

Phone: 502-564-8139 502-564-0058 Fax:

NEW HAVEN ASSISTED LIVING - PADUCAH, LLC 3315 PARK AVENUE

PADUCAH KY 42001

RE:

Notice Date: March 1, 2018 KY SoS Org. ID: 0539402

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