Organization ID # 0606802 State of origin KY Filing fee \$115.00 Alisor	Commonwealth of K n Lundergan Grimes, Se	alth of Kentucky rimes, Secretary of Sta Received and Filed: 2/23/2018 1:43 PM		
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement App Reinstatement Anr For the year 2	nual Report	Fee Receipt: \$115.00	
Exact limited liability company nar LESLIE MOORE & ASSOC 9903 FOUR SEASONS LOUISVILLE KY 40241		name/office addre form. When reinsta addresses until the reinstatement is file	ce address and registered agen ess cannot be changed on this ating, you cannot modify the e reinstatement is filed. Once the ed, the statement of change can b sos.ky.gov/ftsearch or can be bur website.	
Registered Agent and Registered (LESLIE COTTMAN 9903 FOUR SEASONS LOUISVILLE, KY 40241 If the above company is included in a pa company's information here (optional): FEIN: Name:	<u>Office Address</u> rent company's Kentucky tax return as a disreg	garded	Α.	
Members - List the name and address of the LLCs are not required to list their members.	he limited liability company's members. If not specified, ac	ddresses default to the LLC's princ	cipal office address Member-mar	naged
LESLIE M COTTMAN				

The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 275.295. Enclosed is a check in the amount of \$115.00, 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 LESLIE MOORE & ASSOCIATES, LLC 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.

X	Justie Coxtman	member lowner	2/20/2018
	Signature of member or manager (Required)	Title (Required)	Date (Required)



LESLIE MOORE & ASSOCIATES, LLC 9903 FOUR SEASONS LOUISVILLE KY 40241

Notice Date: February 23, 2018 KY SoS Org. ID: 0606802

RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.		
SUMMARY			
OUR DETERMINATION	We verified the following information.		
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Jessica REV3999, Revenue Program Officer Email: Jessica.Roberts@ky.gov Direct: 502-564-1056		