

Organization ID # 0495203
State of origin KY
Filing fee \$205.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0495203.06 dcornish LRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
2/24/2015 3:13 PM
Fee Receipt: \$205.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

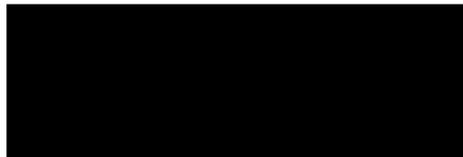
Reinstatement Application and
Reinstatement Annual Report
For the years 2009 through 2015

RST

Exact limited liability company name and principal office address

BLUEGRASS CHIROPRACTIC CENTER, LLC
606-A BLOMMFIELD RD
BARDSTOWN KY 40004

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

TERRY MARMON, II
606-A BLOMMFIELD RD
BARDSTOWN, KY 40004

Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

TERRY MARMON II _____

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 275.285. Enclosed is a check in the amount of \$205.00, 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 BLUEGRASS CHIROPRACTIC CENTER, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B-4-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X _____
Signature of member or manager (Required)

_____ *Managing member* _____
Title (Required)

2/17/15 _____
Date (Required)



THOMAS B. MILLER
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

February 24, 2015

**BLUEGRASS CHIROPRACTIC CENTER, LLC
606-A BLOOMFIELD RD
BARDSTOWN KY 40004**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BLUEGRASS CHIROPRACTIC CENTER, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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 limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Vickie REVE230, Revenue Program Officer
Pass Through Entity Tax Branch
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-7367
FAX# 502-564-3392

Kentucky Secretary of State organization number 0495203