Organization ID # 1016503 State of origin Filing fee \$130.00

## Commonwealth of Kentucky Michael G. Adams, Secretary of Stat

1016503.06

Michael G. Adams **Kentucky Secretary of State** 

Received and Filed: 1/14/2022 6:58 AM

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Reinstatement Application and Fee Receipt: \$130.00 Reinstatement Annual Report

For the years 2020 through 2021

Exact limited liability co	ompany name ai	nd principa	I office address

TRI CITIES PATHOLOGY, PLLC 3325 BRIDLINGTON ROAD

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

Members - List the name And address of the limited liability company's members. If not specified, addresses default to the LLC's principal of fice address managed LLCs are not required to list their members.  Signamal Harabar Lization High	(INGTON KY 40509-2011	filed. Once the reinstatement is filed, the statement of change can be filed online at <a href="https://web.sos.ky.gov\ftsearch">https://web.sos.ky.gov\ftsearch</a> or can be downloaded from our website.
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The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the ye The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entitys name she requirements of KRS 275.295. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.  Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable information pertaining to TRI CITIES PATHOLOGY, PLLC to the Secretary of State, as required for reinstatement pursuant to 271B.14-220.	ormation here (optional):	eturn as a disregard rent
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X V. Hanson 12/22	er of said entity, please provide a Declaration of Po	ower of Attorney with the Reinstatement Application.
Signature of member Or manager (Required)  Title (Required)  Date (Required)	யு முற்ற wanager (Required)	M ∈ m h ∈ 0  Title (Required)  Date (Required)

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

TRI CITIES PATHOLOGY, PLLC 3325 BRIDLINGTON ROAD **LEXINGTON KY 40509-2011** 

Notice Date: January 11, 2022

KY SoS Org. ID: 1016503

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.

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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310