Organization ID # 0498905 State of origin

Commonwealth of Kentucky Filing fee \$205.00 Alison Lundergan Grimes, Secretary of S

0498905.06

Dcornish **LRPF** 

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

5/3/2017 2:11 PM Fee Receipt: \$205.00

Alison Lundergar 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 2011 through 2017

RST

Date (Required)

| Exact limited liability company name and principal office address  | The principal office address and registered agent  |
|--|--|
| SAVAULEY ENTERPRISES, LLC  | name/office address cannot be changed on this  |
| P.O. BOX 947   | form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the   |
| NICHOLASVILLE KY 40340-0947  | reinstatement is filed, the statement of change can be filed online at <a href="mailto:app.sos.kv.gov/ftsearch">app.sos.kv.gov/ftsearch</a> or can be downloaded from our website. |
| Registered Agent and Registered Office Address   | FEIN (Optional)  |
| W. TODD GOODLETT   |  |
| 100 FRANKLIN COURT   |  |
| P.O. BOX 947   |  |
| NICHOLASVILLE, KY 403400947  |  |
| If the above company is included in a parent company's Kentucky tax return as a disregard company's information here (optional):   | nt   |
| FEIN: Name:  | ····   |
|  | <u>—</u>   |
| <b>Members</b> - List the name and address of the limited liability company's members. If not specified, addresses LLCs are not required to list their members.  | default to the LLC's principal office address Member-managed   |
| THERESA L GOODLETT   |  |
| FRAY A DUNCAN  |  |
| W TODD GOODLETT  |  |
|  |  |
|  |  |
|  |  |
| The above entity was administratively dissolved on September 10, 2011 because the 2011. The undersigned states that the grounds for dissolution either did not exist or has satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$205. | entity did not file its annual report for the year ave been eliminated, and the entity's name  |
| Under penalty of positive the believe in the amount of \$205   | 5.00, payable to Kentucky State Treasurer.   |
| Under penalty of perjury, the below signed hereby authorizes the Kentucky Department information pertaining to SAVALIEY ENTERPRISES LLC to the Secretary of Other  | nt of Revenue to release any applicable tax  |
| information pertaining to SAVAULEY ENTERPRISES, LLC to the Secretary of State, a 271B.14-220.  | as required for reinstatement pursuant to KRS  |
|  |  |
| If not an officer of said entity, please provide a Declaration of Power of Attorney with the   | ne Reinstatement Application.  |
| X Will and the manker  | -61.   |
| Signature of member or manager (Required)  Title (Required)  | 3/3/1(   |
| set / Tiue (Required)  | Date (Required)  |



DANIEL P. BORK
Commissioner

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

May 3, 2017

SAVAULEY ENTERPRISES, LLC P.O. BOX 947 NICHOLASVILLE KY 40340-0947

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SAVAULEY ENTERPRISES**, **LLC** has filed Kentucky Income Tax Returns through the tax year ended 2015, 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,

John REV3858, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2099 FAX# 502-564-3392

Kentucky Secretary of State organization number 0498905

