Organization ID# State of origin

Filing fee

0643610

**Commonwealth of Kentucky** \$130.00 Elaine N. Walker, Secretary of State 0643610.06

bschell **LRPF** 

Elaine N. Walker, Secretary of State

Received and Filed: 3/21/2011 12:33 PM Fee Receipt: \$130.00

Elaine N. Walker 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 2010 through 2011

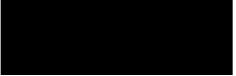
**RST** 

Exact limited liability company name and principal office address PHARMACY RELIEF SERVICES, L.L.C. **498 SCANFIELD DRIVE MADISONVILLE KY 42431** 

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 <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be downloaded from our website.

## Registered Agent and Registered Office Address

**DONNA ADAMS 498 SCANFIELD DRIVE** MADISONVILLE, KY 42431



Managers - List the name and address of the limited	liability company's managers. If not specified, addres	ses default to the LLC's principal office address.
DONNA A ADAMS		
The above entity was administratively dissolved of 2010. The undersigned states that the grounds for satisfies the requirements of KRS 275.295. Enclo	or dissolution either did not exist or have been elin	ninated, and the entity's name
Under penalty of perjury, the below signed hereby information pertaining to PHARMACY RELIEF SE KRS 271B.14-220.		
If not an officer of said entity, please provide a De	<u> </u>	ment Application.
x Donna adams	Pharmacist	3-16-11
Signature of member or manager (Required)	Pharmacist Title (Required) Manager	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

March 21, 2011

PHARMACY RELIEF SERVICES, L.L.C. 498 SCANFIELD DRIVE MADISONVILLE KY 42431

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PHARMACY RELIEF SERVICES, L.L.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2009, 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,

Neelofar Moula, Revenue Auditor Pass Through Entity Tax Branch 501 High Street, 6th Floor, Sta. 69 Frankfort, KY 40601 502-564-7335 FAX# 502-564-3392

Kentucky Secretary of State organization number 0643610

