Organization ID # 0736310 **Commonwealth of Kentucky** Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

0736310.06

amcray LRPF

Received and Filed: 2/9/2018 3:31 PM Fee Receipt: \$130.00

RST

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 2017 through 2018

Exact limited liability	company name	and principa	l office address	
DR SHANE HENS! EV DMD PI I C				

142 MULBERRY LANE PIKEVILLE KY 41501

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 JONATHAN S. HENSLEY 126 TRIVETTE DRIVE PIKEVILLE, KY 41501 If the above company is included in a parent company's Ken company's information here (optional): FEIN: Name:	cky tax return as a disregarded
Managers - List the name and address of the limited liability compa	y's managers. If not specified, addresses default to the LLC's principal office address.
SHANE HENSLEY	
The undersigned states that the grounds for dissolution	ber 9, 2017 because the entity did not file its annual report for the year 2017. either did not exist or have been eliminated, and the entity's name satisfies the e amount of \$130.00, payable to Kentucky State Treasurer.
Under penalty of perjury, the below signed hereby authinformation pertaining to DR SHANE HENSLEY DMD 8 271B.14-220.	rizes the Kentucky Department of Revenue to release any applicable tax LC to the Secretary of State, as required for reinstatement pursuant to KRS
If not an officer of said entity, please provide a Declara	on of Power of Attorney with the Reinstatement Application.
x Could	Provider 2/7/18
Signature of member of manager (Required)	Title (Required) Date (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

February 9, 2018

0736310

502-564-0058 Fax:

Notice Date:

KY SoS Org. ID:

DR SHANE HENSLEY DMD PLLC 419 TOWN MOUNTAIN RD **STE 207** PIKEVILLE KY 41501

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.

3. 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: John REV3858, Revenue Auditor I

Email: John.Cornett@ky.gov

Direct: 502-564-2099