Organization ID # 0892510 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0892510.06

Alison Lundergan Grimes **Kentucky Secretary of State** 

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 year 2015

Received and Filed: 11/25/2015 1:15 PM Fee Receipt: \$115.00

Exact limited liability company name and principal office address

NUHEALTH, L.L.C. 2300 SIR BARTON WAY STE 155 **SUITE 155 LEXINGTON KY 40509** 

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**

Bryce James Knobbe 2300 SIR BARTON WAY STE 155 Suite 155 Lexington, KY 40509



Members - List the name and	address o	f the limite	ed liability co	mpany's members.	f not specified, a	ddresses defa	ult to the L	LC's principa	al office address	Member-managed
LLCs are not required to list their me					<u>twi</u>			4.5		
					- 0					
BRYCE JAMES KN	<b>UBP</b>	5		1 to			in the second			

The above entity was administratively dissolved on September 12,	2015 because the entity did not file its annual report for the year
2015. The undersigned states that the grounds for dissolution either	
satisfies the requirements of KRS 275.295. Enclosed is a check in	the amount of \$115.00, 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 Nuhealth, L.L.C. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

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

restoent Signature of member or manager (Required) Title (Required)



THOMAS B. MILLER
Commissioner

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

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

November 25, 2015

Nuhealth, L.L.C. 2300 SIR BARTON WAY STE 155 Suite 155 Lexington KY 40509

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Nuhealth, L.L.C.** 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,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0892510

