

Organization ID # 0487811
State of origin KY
Filing fee \$130.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0487811.06 mstratton
LRPF
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
5/29/2014 12:48 PM
Fee Receipt: \$130.00

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 2013 through 2014

RST

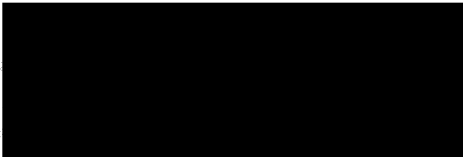
Exact limited liability company name and principal office address

BEST PRACTICE FAMILY HEALTH, P.L.L.C.
9 FLORA STREET
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

RONALD F. MANN
9 FLORA STREET
PIKEVILLE, KY 41501



Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

WILLIAM T FANNIN
RONALD F MANN

The above entity was administratively dissolved on September 28, 2013 because the entity did not file its annual report for the year 2013. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the 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 tax information pertaining to BEST PRACTICE FAMILY HEALTH, P.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.

X

Signature of member or manager (Required)

Agent

Title (Required)

27 May 2014

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

May 29, 2014

BEST PRACTICE FAMILY HEALTH, P.L.L.C.
1358 WATERGAP RD
PRESTONSBURG, KY 41653

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BEST PRACTICE FAMILY HEALTH, P.L.L.C.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

Matthew REVE222, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-2169
FAX# 502-564-3392

Kentucky Secretary of State organization number 0487811