Organization ID # 0579812 State of origin KY Filing fee \$130

Commonwealth of Kentucky Michael G. Adams, Secretary of St

LRPF

0579812 Michael G. Adams KY Secretary of State Received and Filed

5/29/2024 6:57:48 AM Fee receipt: \$130.00

Michael G. Adams 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 2023 through 2024

RST

Exact limited liability company name and principal office address

HEEKIN ANIMAL HOSPITAL, LLC 5052 OLD TAYLOR MILL ROAD TAYLOR MILL KY 41015

Registered Agent and Registered Office Address

JODI B. HEEKIN 86 HENRY COURT FT. THOMAS, KY 41075 The principal office address and registered agent name/office address cannot be chang on this form. When reinstating, you cannot modify the addresses until the reinstatement ifiled. Once the reinstatement is filed, the statement of change will be filed.

Members - List the name And address of the limited liability company's members. If not specified, addresses default to the LLC's principal office addresses default to the LLC's principal office addresses default to the LLC's principal office addresses.

JODI BROWN HEEKIN

5052 OLD TAYLOR MILL ROAD, TAYLOR MILL, KY 41015

County: Kenton Business size: Small

Business type: Health Services

The above entity was administratively dissolved on 10/4/2023 because the entity did not file its annual report for the year 2023. 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 14A3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to HEEKIN ANIMAL HOSPITAL, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Jodi B Heekin, DVM Title: Managing Member 5/29/2024

Website: www.revenue.ky.gov

Phone: 502-564-8139 Fax: 502-564-0058

HEEKIN ANIMAL HOSPITAL, LLC 5052 OLD TAYLOR MILL ROAD TAYLOR MILL KY, 41015 Notice Date: KY SoS Org. ID: May 29, 2024

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.

You are registered with the Department of Revenue.

2. An authorized person requested is letter.

3. You filed income and LLE tax returns as required, or you are exempt from filing.

4. You have no outstanding the assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain corrent 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 coretary of State a letter of good standing from the Division of memployment 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

INFORMA

If you have any questions regarding this notice, please contact me. Thank you.

Agent: James REVE277, Taxpayer Services Specialist III

Email: James.Sutherland@ky.gov

Direct: 502-564-7359