0892712.06

Fee Receipt: \$145.00

Dcornish **LRPF** 

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 3/21/2017 4:02 PM

Organization ID # 0892712 Commonwealth of Kentucky State of origin Filing fee \$145.00 Alison Lundergan Grimes, Secretary of S

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 2015 through 2017

**RST** 

Exact limited liability company name and principal office address SBTM, LLC 6975 KENTUCKY DAM ROAD

PADUCAH KY 42003

The principal office address and regist name/office address cannot be changed on this form. When nainstating, you cannot modify the addresses until the reinstatement is filed. Once the talement is filed, the stalement of change can be

## Registered Agent and Registered Office Address

**BRADLEY THOMAS CULP** 6975 KENTUCKY DAM ROAD PADUCAH, KY 42003

company's information here (optional): FEIN: Name:	porty of tollithough and tollithough and only of a company, produce provide the parent-						
Members - List the name and address of the limited for LLCs are not required to list their members.	ability company's members. If not specified, addresses default to the LLC's principal office address., Member-managed						
2015. The undersigned states that the ground	ed on September 12, 2015 because the entity did not file its annual report for the year is for dissolution either did not exist or have been eliminated, and the entity's name inclosed is a check in the amount of \$145.00, payable to Kentucky State Treasurer.						
Under penalty of perjury, the below signed he information pertaining to SBTM, LLC to the Science of the second sec	reby authorizes the Kentucky Department of Revenue to release any applicable tax ecretary of State, as required for reinstatement pursuant to KRS 271B.14-220.						
If not an officer of said entity, please provide a	a Declaration of Power of Attorney with the Reinstatement Application.						
Please indicate the county in which your but County: MeL racket	siness operates:						
To com	plete the following, please shade the box completely.						
Please indicate the size of your business:  Small (Fewer than 50 employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:						
Large (50 or more employees)	Women-Owned Veteran-Owned Minority-Owned						

Please	indicate the size of your busin Small (Fewer than 50 employee	1	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:								
	Large (50 or more employees)			Women-O	vned 🔀	Vetera	n-Owned		Minority-Own	ed	
Please indicate which of the following best describes your business:											
	Agriculture	Mi	ning		Services		Construc	ction			
	Wholesale Trade	Re	tail Trade		Manufacturi	ng 🗀	Finance,	, Insurance	, Real Estate		
	Public Administration	Tra	ansportation, Communications, Electric, Gas, Sanitary Services								
	Other										
			10	44	1				/		

1 10 |2017



DANIEL P. BORK
Commissioner

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

March 17, 2017

SBTM, LLC 6975 KENTUCKY DAM ROAD PADUCAH KY 42003

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SBTM, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Holly REVX186, Revenue Auditor II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7263 FAX# 502-564-0058

Kentucky Secretary of State organization number 0892712

