| Organization ID # 1081512<br>State of origin KY<br>Filing fee \$115.00 Mi  | Commonwealth of Kentucky<br>chael G. Adams, Secretary of S  | tate<br>Michael G. Adams<br>Kentucky Secretary of State   |
|--|---|---|
| Michael G. Adams<br>Secretary of State<br>P. O. Box 718<br>Frankfort, KY 40602-0718<br>(502) 564-3490<br>http://www.sos.ky.gov   | Reinstatement Application and<br>Poinctatement Application and  |   |
| Exact limited liability company nam<br>LIGHTHOUSE PHARMACY<br>1664 FROGTOWN RD UNIT<br>UNION KY 41091  | SOLUTIONS LLC form.<br>59 addres<br>' filed o   | Principal office address and registered agent<br>/office address cannot be changed on this<br>When reinstating, you cannot modify the<br>sises until the reinstatement is filed. Once the<br>atement is filed, the statement of change can be<br>online at <u>app.sos.ky.gov/ftsearch</u> or can be<br>loaded from our website. |
| Registered Agent and Registered O<br>United States Corporation Ac<br>9900 Corprt Campus Dr Ste<br>Louisville, KY 40223<br>If the above company is included in a para<br>company's information here (optional):<br>FEIN:Name: | jents, Inc.   | N (Optional)<br>ent   |
| Managers - List the name And address of th<br>Desyond Waters   | ne limited liability company's managers. If not specified, addresses default to<br>32.09 Bcyg1M0 Rd, VErONG | the LLC's principal office address.   |
|  |   |   |

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Lighthouse Pharmacy Solutions LLC 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 11 Signature of member Or manager (Required) Vile (Required)



| Lighthouse Pharmacy Solutions LLC<br>1664 Frogtown Rd Unit 59<br>Union KY 41091 | Notice Date:<br>KY SoS Org. ID: | November 4, 2020<br>1081512 |
|---|---------------------------------|-----------------------------|
|---|---------------------------------|-----------------------------|

| RE:                    | Letter of Good Standing Request - Approved  |  |
|------------------------|---|--|
| SUMMARY                | You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.   |  |
| OUR DETERMINATION      | We verified the following information.  |  |
|                        | <ol> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> </ol>   |  |
|                        | This notice will remain current for 30 days from the notice date above.   |  |
| WHAT YOU NEED TO DO    | <ol> <li>If you are attempting to reinstate your entity, please provide a copy of<br/>this letter to the Kentucky Secretary of State within 30 days of the notice<br/>date above.</li> <li>If you are a for-profit corporation, you will also need to provide the<br/>Secretary of State a letter of good standing from the Division of<br/>Unemployment Insurance. Their telephone number is 502-564-6835.</li> <li>If you are a non-profit entity, please remember to file a copy of your tax<br/>returns with the Kentucky Attorney General. The charity filing<br/>requirements website is: http://ag.ky.gov/family/consumerprotection/<br/>charity/Pages/registration.aspx.</li> </ol> |  |
| CONTACT<br>INFORMATION | If you have any questions regarding this notice, please contact me. Thank you.  |  |
|                        | Agent: Megan REVY099, Taxpayer Services Specialist I<br>Email: MeganD.Roberts@ky.gov<br>Direct: 502-564-7310  |  |