Organization ID# 0424213 State of origin Filing fee \$355.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

LRPF Michael G. Adams

Kentucky Secretary of State Received and Filed: 3/30/2023 11:28 AM Fee Receipt: \$355.00

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 2007 through 2023

Exact limited liabilit	v company	name and	principal	office	address

HOWER FUND, LLC P.O. BOX 461 **SHELBYVILLE KY 40065** 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 https: \web.sos.ky.gov\ftsearch or can be downloaded

	from our website.		
Registered Agent and Registered Office Address			
THOMAS R. HOWER			
911 CRAIG AVENUE			
SHELBYVILLE, KY 40065		4	
f the above company is included in a parent company's Ker	ntucky tax return as a disregarde	ent	
company's information here (optional):			
FEIN: Name:			
Members - List the name And address of the limited liability on managed LLCs are not required to list their members.	company's members. If not specified, addresses default to t	the LLC's principal office address Member-	
MALCOLM E HOWER			
THOMAS R HOWER			
The above entity was administratively dissolved on N 2007. The undersigned states that the grounds for d satisfies the requirements of KRS 275.295. Enclose	issolution either did not exist or have been elin	ninated, and the entity's name	
Under penalty of perjury, the below signed hereby au information pertaining to HOWER FUND, LLC to the	ithorizes the Kentucky Department of Revenue Secretary of State, as required for reinstateme	to release any applicable tax nt pursuant to KRS 271B.14-220.	
If not an officer of said entity please provide a Declar	ration of Power of Attorney with the Reinstatem	ent Application.	
X Mary S.	Partner	3-23-2023	
signature of member Or manager (Required)	Title (Required)	Date (Required)	

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

HOWER FUND, LLC 911 CRAIG AVENUE SHELBYVILLE KY, 40065 Notice Date:

March 30, 2023

KY SoS Org. ID: 0424213

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.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current 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 Secretary of State a letter of good standing from the Division of Unemployment 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 INFORMATION

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

Agent: Madison REV4528, Revenue Auditor I

Email: madison.chism@ky.gov

Direct: 502-564-3047