

Organization ID # 0594213

State of origin KY

Filing fee \$115.00

Commonwealth of Kentucky

Elaine N. Walker, Secretary of State

10/13/2011 3:44 PM

0594213.06

bschell

LPRF

Elaine N. Walker, Secretary of State

Received and Filed:

10/13/2011 3:44 PM

Fee Receipt: \$115.00

Elaine N. Walker
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 year 2011

RST

Exact limited liability company name and principal office address

4 WELLS, LLC
4474 BURKESVILLE ROAD
GLASGOW KY 42141

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/research or can be downloaded from our website.

Registered Agent and Registered Office Address

MELANIE WELLS NORMAN
203 HIGHLAND PARK
GLASGOW, KY 42141

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.

MELANIE NORMAN

TRINA WELLS WYATT

THOMAS A WELLS JR

VANESSA WELLS-GRAY

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 \$115.00, 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 4 WELLS, 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 *Vanessa Wells-Gray*
Signature of member or manager (Required)

President
Title (Required)

10/10/11
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

October 13, 2011

**4 WELLS, LLC
266 FOX RIDGE
GLASGOW, KY 42141**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **4 WELLS, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Dustin Rose, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-2099
FAX# 502-564-3392

Kentucky Secretary of State organization number 0594213