Organization ID # 0533214 State of origin Filing fee

Commonwealth of Kentucky \$145.00 Elaine N. Walker, Secretary of State 0533214.06

dcornish **LRPF**

Elaine N. Walker, Secretary of State

Received and Filed: 9/21/2011 1:02 PM Fee Receipt: \$145.00

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 years 2009 through 2011

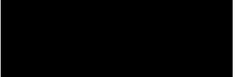
RST

Exact limited liability company name and principal office address PHARMDALE, LLC 899 CYPRESS POINT WAY **LEXINGTON KY 40509**

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/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

TIMOTHY DALE HOLBROOK 899 CYPRESS POINT WAY



LEXINGTON, KY 40509		
Managers - List the name and address of the limited	liability company's managers. If not specified, addresses	default to the LLC's principal office address.
TIMOTHY DALE HOLBROOK		
2009. The undersigned states that the grounds for	on November 3, 2009 because the entity did not file in or dissolution either did not exist or have been elimin seed is a check in the amount of \$145.00, payable to	ated, and the entity's name
Under penalty of perjury, the below signed hereb information pertaining to PHARMDALE, LLC to the	y authorizes the Kentucky Department of Revenue to se Secretary of State, as required for reinstatement p	o release any applicable tax oursuant to KRS 271B.14-220.
If not an officer of said entity, please provide a De X Signature of member or manager (Required)	eclaration of Power of Attorney with the Reinstateme	4.4



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

September 21, 2011

PHARMDALE, LLC 899 CYPRESS POINT WAY LEXINGTON KY 40509

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PHARMDALE**, **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,

Kevin Miller Kevin T. Miller, Auditor Division of Corporation Tax Kentucky Department of Revenue 501 High Street, Mail Station 52 Frankfort, KY 40601 Phone 502-564-7316 Fax 502-564-0058 Email kevin.miller@ky.gov

Kentucky Secretary of State organization number 0533214

