anization ID # 1320314			Received and Filed 1/7/2025 4:17:58 PM Fee receipt: \$130.00 and port	
e of origin KY Ig fee \$130.00 Mic	Commonwealth of Kentucky hael G. Adams, Secretary of S	Michael G. A KY Secretar Received and		
Michael G. Adams		Fee recei		
Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the years 2024 through 20	eport		
Exact limited liability company name and principal office address TSMH VI LLC 2900 CHANCELLOR DRIVE CRESTVIEW HILLS KY 41017		The principal office address and registered agent name/office address cannot be chan on this form. When reinstating, you cannot modify the addresses until the reinstatement filed. Once the reinstatement is filed, the statement of change will be filed.		
Registered Agent and Register TSMH West Manageme 950 Breckenridge Lane, Louisville, KY 40207	ered Office Address ent LLC			
Managers - List the name And addr	ess of the limited liability company's managers. If not specified, addres	sses default to the	LLC's principal office ad	
JASON M DILLON	1780 S BELLAIRE ST STE 300			
County: Business size: Business type:	KENTON Small Health Services			

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to TSMH VI LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Jason Dillon Title: CFO 1/7/2025



TSMH VI LLC

January 7, 2025

Notice Date:

950 Breckenridge La Louisville KY, 40207		KY SoS Org. ID:	1320314
RE:	Letter of Good Standing Requ	est - Approved	
SUMMARY	You requested a letter of good s with the Department of Revenue		in good standing
OUR DETERMINATION	We verified the following informat		
	 You are registered with the E An authorized person reques You filed income and LLE tag filing. You have no outstanding tax Collections or have a valid pa This notice will remain current for	ted this letter. x returns as required, or yo assessments with the Divi ay agreement in place.	sion of
WHAT YOU NEED TO DO	 If you are attempting to re of this letter to the Kentucky notice date above. If you are a for-profit corpo Secretary of State a letter of Unemployment Insurance. The If you are a non-profit entititax returns with the Kentucky requirements website is: http: charity/Pages/registration.as 	Secretary of State within 3 pration , you will also need good standing from the Div neir telephone number is 50 ty , please remember to file y Attorney General. The ch p://ag.ky.gov/family/consum	to provide the ision of 02-564-6835. a copy of your arity filing
AGENT INFORMATION	If you have any questions regard you.	ling this notice, please com	act me. Thank
	Agent: Angie Morris Direct: 502-564-7327		