

Organization ID # 0506615
State of origin KY
Filing fee \$160.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0506615.06 mstratton LRP
Elaine N. Walker, Secretary of State
Received and Filed:
5/5/2011 11:06 AM
Fee Receipt: \$160.00

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 2008 through 2011**

RST

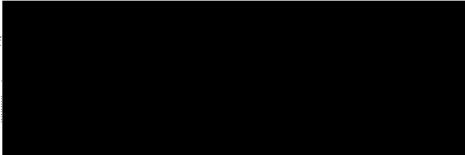
Exact limited liability company name and principal office address

BLUE CARE, LLC
720 WEST MAIN STREET
SUITE 2S
LOUISVILLE KY 40202

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

STEVEN R. BERG
720 WEST MAIN STREET
SUITE 2S
LOUISVILLE, KY 40202



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.

NORMAN RADTKE	12 Overbrook Road	Louisville, KY	40207
LAWRENCE A SHAPIN	11200 Easum Road	Louisville, KY	40299

The above entity was administratively dissolved on November 1, 2008 because the entity did not file its annual report for the year 2008. 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 \$160.00, 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 BLUE CARE, 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 Lawrence A. Shapin
Signature of member or manager (Required)

Member
Title (Required)

5/3/2011
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

May 5, 2011

**BLUE CARE, LLC
720 WEST MAIN STREET
SUITE 2S
LOUISVILLE KY 40202**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **BLUE CARE, 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,

Velicia Martindale, Revenue Auditor
Division of Corporation Tax
501 High Street, 7th Floor, Sta. 52
Frankfort, KY 40601
502-564-2194
FAX# 502-564-0058

Kentucky Secretary of State organization number 0506615