rganization ID # 0580817 Commonwealth of Kentucky tate of origin KY iling fee \$115.00 Alison Lundergan Grimes, Secretary of Sta		Received and Filed:		
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applicat Reinstatement Annual For the year 2018	I Report RS1		
Exact limited liability company name and principal office address COMPLETE CARE PHARMACY, PLLC 572 MORTON BOULEVARD HAZARD KY 41701		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 <u>app.sos.ky.gov/ftsearch</u> or can be downloaded from our website.		
Registered Agent and Registered (CYNTHIA R. WILLIAMS 572 MORTON BOULEVARE HAZARD, KY 41701 If the above company is included in a pa company's information here (optional): FEIN: Name:				
Members - List the name and address of th LLCs are not required to list their members. LAURA JOHNSON CYNTHIA WILLIAMS ALAN DALE WILLIAMS	ne limited liability company's members. If not specified, addresses of 572 Mcc. fun Blue HA	lefault to the LLC's princip. ZCVVD Ky 41		

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 COMPLETE CARE PHARMACY, PLLC 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.

XAM	Agent	10/25/18
Signature of member or manager (Required)	Title (Required)	Date (Required)



COMPLETE CARE PHARMACY, PLLC 572 MORTON BOULEVARD HAZARD KY 41701

 Notice Date:
 October 29, 2018

 KY SoS Org. ID:
 0580817

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. You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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: Jessica REV3999, Revenue Program Officer Email: Jessica.Roberts@ky.gov Direct: 502-564-1056	