

Organization ID # 0848219
State of origin KY
Filing fee \$115.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0848219.06

amcray
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
11/14/2017 10:18 AM
Fee Receipt: \$115.00

Alison Lundergan Grimes
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 2017

RST

Exact limited liability company name and principal office address

CORUM FAMILY PHARMACY LLC
1668 SOUTH HIGHWAY 421
MANCHESTER KY 40962

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

RANDY WINDHAM
80 SARA LANE
LONDON, KY 40741

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):
FEIN: _____ Name: _____

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.

RANDY WINDHAM

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The above entity was administratively dissolved on October 9, 2017 because the entity did not file its annual report for the year 2017. 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 CORUM FAMILY PHARMACY 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 Randy Windham
Signature of member or manager (Required)

Member
Title (Required)

10-31-17
Date (Required)



DANIEL P. BORK
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

November 13, 2017

**CORUM FAMILY PHARMACY LLC
1668 SOUTH HIGHWAY 421
MANCHESTER KY 40962**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CORUM FAMILY PHARMACY LLC** has filed Kentucky Income Tax Returns through the tax year ended 2016, 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,

John REV3858, Revenue Auditor I
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
Phone# (502) 564-2099
FAX# (502) 564-0058

Kentucky Secretary of State organization number 0848219