Organization ID # 0810322 State of origin Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0810322.06

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LRPF Michael G. Adams

Kentucky Secretary of State Received and Filed: 4/29/2021 2:37 PM Fee Receipt: \$130.00

Michael G. Adams 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 2020 through 2021

Exact limited liability company	name	and	principal	office	address
CAMP DOE, LLC			•		
6219 GREYOAKS DRIV	Æ				

TAYLOR MILL KY 41015

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		FEIN (Ontions	- A
JEANNE HARTINGER			
6219 GREYOAKS DRIVE			
TAYLOR MILL, KY 41015			nt.
If the above company is included in a parent company's Ko company's information here (optional):	entucky tax return as a disregarde		ent
FEIN: Name:			
	· · · · · · · · · · · · · · · · · · ·		
Members - List the name And address of the limited liability com LCs are not required to list their members.	npany's members. If not specified, addresses defa	ult to the LLC's princip	al office address Member-managed
JEANNE MARIE HARTINGER			
TRACY FOSTER		-	
JOHN HARTINGER	•		
MARY SUTTSCHENKO			
			· · · · · · · · · · · · · · · · · · ·
The above entity was administratively dissolved on C	October 8, 2020 because the entity did	l not file its annu	ial report for the year 2020.
The undersigned states that the grounds for dissoluti			
equirements of KRS 275.295. Enclosed is a check in	n the amount of \$130.00, payable to i	Kentucky State ⊓	reasurer.
Jnder penalty of perjury, the below signed hereby au	ithorizes the Kentucky Department of	Revenue to rele	ease any applicable tax
nformation pertaining to CAMP DOE, LLC to the Sec			
f not an officer of said entity, please provide a Decla	ration of Power of Attorney with the R	teinstatement Ap	pplication.
v 1 1/+	Managor		04/25/2021
~ Clanne War IngIn	Manager	· · · · ·	
Signature of member Or manager (Required)	Title (Required)	• .	Date (Required)

www.revenue.ky.gov Website: Phone: 502-564-8139 Fax: 502-564-0058

CAMP DOE, LLC **6219 GREYOAKS DRIVE** TAYLOR MILL KY 41015 Notice Date: April 29, 2021 KY SoS Org. ID: 0810322

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.

1. You are registered with the Department of Revenue.

An authorized person requested this letter.

3. You filed income and LLE tax returns as required, or you are exempt from

4. 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 1. 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
 - 2. 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.
 - 3. 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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310