Organization ID # 0644926 State of origin KY Filing fee \$250.00 Mi	Commonwealth of Kentucl ichael G. Adams, Secretary o	•	
Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applicatio Reinstatement Annual Re For the years 2011 through 20	n and eport RST	
Exact limited liability company nar TRI STATE PROPERTY MA 3029 POLOCLUB BLVD. LEXINGTON KY 40509	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 (RAMANDEEP BAINS 2201 WINCHESTER AVE ASHLAND, KY 41101 If the above company is included in a pa company's information here (optional): FEIN: Name:	<u>Office Address</u> irent conipany's Kentucky tax return as a disregarde	EEIN (Optional)	
	the limited liability company's members. If not specified, addresses defau	It to the LLC's principal office address Member-managed	
HARVINDER BAINS	it in the second s		
RAMANDEEP BAINS		a a construir de la construir d la construir de la construir de la construir de la construir de	
2011. The undersigned states that th satisfies the requirements of KRS 27 Under penalty of perjury, the below s	y dissolved on September 10, 2011 because the entity re grounds for dissolution either did not exist or have b 5.295. Enclosed is a check in the amount of \$250.00, signed hereby authorizes the Kentucky Department of PROPERTY MANAGEMENT, LLC to the Secretary o	een eliminated, and the entity's name payable to Kentucky State Treasurer. Revenue to release any applicable tax	

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

9 9	al na sa	Manshare		3-7-2020
Signature of memb	oer Or manager (Required)	Title (Require	əd)	Date (Required)
			antina Antina Martina Antina Martina	



TRI STATE PROPEI 2201 Winchester Ave Ashland, KY 41101	RTY MANAGEMENT, LLC	Notice Date: KY SoS Org. ID:	April 13, 2020 0644926			
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: Megan REVY099, Taxpayer Services Specialist I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310					