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Alison Lundergan Grimes
Kentucky Secretary of State
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Commonwealth of Kentucky

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 2014

RST

Exact limited liability company name and principal office address

COMBINED CARE MANAGEMENT, LLC
157 BARNWOOD DRIVE
SUITE 100
EDGEWOOD KY 41017

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

Q.I. SERVICES - KENTUCKY, INC.
50 EAST RIVERCENTER BLVD
STE 1400
COVINGTON, KY 41011



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.

CHRISTIAN LUCAS	10722 Meadowdale Lane, Union, KY 41091
MICHAEL SIMON	747 Pointe Drive, Killebuck, KY 41017
GREG WECKENBROCK	682 Canterbury Lane, Edgewood, KY 41017
MICAH ZIMMERMAN	591 Riverchase Drive, Hiram, KY 41048

The above entity was administratively dissolved on September 30, 2014 because the entity did not file its annual report for the year 2014. 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 Combined Care Management, 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 *Michael Simon* Business Director 10/31/14
 Signature of member or manager (Required) Title (Required) 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

November 3, 2014

**Combined Care Management, LLC
157 BARNWOOD DRIVE
SUITE 100
EDGEWOOD KY 41017**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Combined Care Management, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

M. L. REV1608, Taxpayer Services Specialist II
Division of Corporation Tax
501 High Street, Mail Sta. 52
Frankfort, KY 40601
502-564-7253
FAX# 502-564-0058

Kentucky Secretary of State organization number 0761926