Organization ID # 0668327 State of origin KY Filing fee \$160.00 Alisoi	Commonwealth of Ken n Lundergan Grimes, Sec	Itucky	568327.06 amcray LRPF son Lundergan Grimes ntucky Secretary of State ceived and Filed: 29/2018 3:08 PM
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applic Reinstatement Annua For the years 2015 throu	ation and al Report	e Receipt: \$160.00
Exact limited liability company nam V SALON, LLC P.O. BOX 56 COX'S CREEK KY 40013-0		name/office address form. When reinstatin addresses until the rei reinstatement is filed. t	address and registered agent cannot be changed on this g, you cannot modify the nstatement is filed. Once the the statement of change can be <u>.ky.gov/ftsearch</u> or can be
Registered Agent and Registered C VICTORIA ANN HAHN 9360 LOUISVILLE RD. COX'S CREEK, KY 40013-0 If the above company is included in a part company's information here (optional): FEIN: Name:			
Members - List the name and address of the LCs are not required to list their members.	a limited liability company's members. If not specified, addresse	s default to the LLC's principal	office address Member-managed
VICTORIA ANN HAHN			······································
he above entity was administratively	dissolved on Sentember 10, on the		

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 \$160.00, payable to Kentucky State Treasurer.

Under penalty of periury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to V SALON, LVC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

itle (Required

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application. Χ R1 Л Signature of member or manager (Requ

3 Date (Required)



V SALON, LLC P.O. BOX 56 COX'S CREEK KY 40013-0056

Notice Date:	March 29, 2018
KY SoS Org. ID:	0668327

RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.	
SUMMARY		
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: Ramon REV4636, Taxpayer Services Specialist I Email: Ramon.Juanso@ky.gov Direct: 502-564-2169	