Organization ID # 0709127 State of origin KY Filing fee \$115.00 Alison	Alison Lundergan Grimes Secretary of State P. O. Box 718		– 10/23/2013 8:50 AM
P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490			Fee Receipt: \$115.00
Exact limited liability company na H2OSMOSIS, LLC 1113 FINCASTLE RD. LEXINGTON KY 40502	ame and principal office address	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 website.
Registered Agent and Registered			
TODD HOLMAN	Office Address		
242 BIG RUN ROAD-B			
LEXINGTON, KY 40503			
Managers - List the name and address of the	a limited liability company's managers. If not specified, addres	sses default to the LLC's princin	nal office address
JOHN MICHAEL PALMER	Manager		
Mary Palmer	Manager		
No. And Andrews			

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 H2OSMOSIS, 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 Signature of member or manager (Required)



THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

October 23, 2013

H2OSMOSIS, LLC 1113 FINCASTLE RD. LEXINGTON KY 40502

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **H2OSMOSIS**, **LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

Kim Carter, Revenue Program Officer Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-7344 FAX# 502-564-3392

Kentucky Secretary of State organization number 0709127

