	Commonwealth of Ken Lundergan Grimes, Sec	ntucky cretary of St 2/	0772527.06 dcornish LRPF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/18/2014 3:48 PM Fee Receipt: \$160.00	
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Applie Reinstatement Annu For the years 2011 thro	ial Report	RST	
Exact limited liability company name and principal office address SUPERIOR EQUINE THERAPY LLC 401 STEEPLECREST CT APT 206 LOUISVILLE KY 40222		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 Michele Lisa Dollase 401 Steeplecrest Ct Apt 206 Louisville, KY 40222	d Office Address			
Members - List the name and address of th LLCs are not required to list their members.	e limited liability company's members. If not specified, addre	esses default to the LLC's principal	office address, Member-managed	

Michele L. Dollase 14507 Signature Point Drive Louisville, Ky 40299-6831

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. 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 perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Superior Equine Therapy 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.

Manager/Member × 1-30-14 Title (Required) Date (Required) Mihele Dollase Х ignature of member or manager



THOMAS B. MILLER Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGEL Deputy Commissioner

BOB BROOKS Executive Director

February 18, 2014

Superior Equine Therapy LLC 14507 Signature Point Drive Louisville, KY 40299-6831

Re: Request for a Letter of Good Standing

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

Christina Owens, Revenue Auditor III Pass Through Entity Tax Branch 501 High Street, Mail Sta. 69 Frankfort, KY 40620 502-564-7339 FAX# 502-564-3392

Kentucky Secretary of State organization number 0772527

