Organization ID # 0866527 State of origin

Commonwealth of Kentucky Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

0866527.06

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Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 9/29/2015 1:12 PM Fee Receipt: \$130.00

RST

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

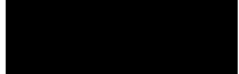
Reinstatement Application and Reinstatement Annual Report For the years 2014 through 2015

Exact limited liability company name and principal office address INJURY FINANCIAL CONSULTANTS, LLC 1150 S. 45TH STREET **LOUISVILLE KY 40211**

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

Bobby Conley 1150 S. 45th Street



Louisville, KY 40211		
Members - List the name and address of the limited LCs are not required to list their members.	iability company's members. If not specified, addresses default to the	ne LLC's principal office address Member-managed
2014. The undersigned states that the groun	ved on September 30, 2014 because the entity did ds for dissolution either did not exist or have been Enclosed is a check in the amount of \$130.00, pay	eliminated, and the entity's name
Under penalty of perjury, the below signed h nformation pertaining to Injury Financial Cor 271B.14-220.	ereby authorizes the Kentucky Department of Revnsultants, LLC to the Secretary of State, as require	enue to release any applicable tax d for reinstatement pursuant to KRS
f not an officer of said entity please provide	a Declaration of Power of Attorney with the Reins	tatement Application.
* Bolls Carley	agent	8/6/15
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 WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

September 28, 2015

Injury Financial Consultants, LLC 1150 S. 45th Street Louisville KY 40211

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Injury Financial Consultants**, **LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, 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,

Michael REVY105, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7316 FAX# 502-564-0058

Kentucky Secretary of State organization number 0866527

