Organization ID # 0952831 State of origin Filing fee \$130.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

1161 RB 182 811 8 1 181811 18 61 0952831.06

The principal office address and registered agent

name/office address cannot be changed on this

SBurain

LRPF Michael G. Adams

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490

http://www.sos.ky.gov

KEISHAS PERKINS

Exact limited liability company name and principal office address

Reinstatement Application and Reinstatement Annual Report For the years 2019 through 2020

Kentucky Secretary of State Received and Filed: 5/21/2020 11:49 AM Fee Receipt: \$130.00

LAUREL MEDICAL SERVICES, LLC 80 OAKWOOD DRIVE LONDON KY 40744	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	FEIN (Optional)
KEISHA PERKINS	
80 OAKWOOD DR	
LONDON, KY 40744	
If the above company is included in a parent company's Kentucky tax return as a disregarded	t t
company's information here (optional):	
FEIN: Name:	
Members - List the name And address of the limited liability company's members. If not specified, addressed LLCs are not required to list their members.	es default to the LLC's principal office address Member-managed

The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 \$130.00, 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 LAUREL MEDICAL SERVICES, 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.

Title (Required)

Website: www.revenue.ky.gov Phone:

May 21, 2020

0952831

502-564-8139 502-564-0058 Fax:

Notice Date:

KY SoS Org. ID:

LAUREL MEDICAL SERVICES, LLC 80 OAKWOOD DRIVE LONDON KY 40744

Letter of Good Standing Request - Approved

SUMMARY

RE:

You requested a letter of good standing, and your entity is in **good** standing with the Department of Revenue.

OUR DETERMINATION

We verified the following information.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. 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 1. 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.
 - 2. 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.
 - 3. 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: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310