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Michael G. Adams

Organization ID# 1093031 State of origin KY Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Kentucky Secretary of State Received and Filed: 12/16/2021 9:04 AM Fee Receipt: \$115.00

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

Signature of member Or manager (Required)

Reinstatement Application and Reinstatement Annual Report For the year 2021

RST

Date (Required)

| | • | | ' | |
|---|--|-------------------------------------|--|-----------------|
| | ility company name and principal off | ice address | The principal office address and re agent name/office address cannot | |
| FISHERV | ILLE CC LLC | | on this form. When reinstating, you | |
| 332 POU | NDS LN | | modify the addresses until the reinsta | |
| SIMPSOI | NVILLE KY 40067 | | filed. Once the minstatement is filed | the |
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| | | Same and the second | | |
| - · · · · · · · · · · · · · · · · · · · | and Registered Office Address | | | |
| Erin Whit | | | | |
| 332 Pour | | | <u> </u> | |
| | ville, KY 40067 | · • | | |
| | y is included in a parent company's Kentuc | cky tax return as a disregarded | entity or a subsidiary, please provide t | ne parent |
| company's information | | | | |
| FEIN: | Name: | | 기술 (학. 144) | |
| Manahan | | | The state of the s | |
| wembers - List the | e name And address of the limited liability compressive to list their members. | pany's members. If not specified, a | ddresses default to the LLC's principal office | address Member- |
| managed LLCs are not | required to list their members. | | | |
| <u> </u> | | <u></u> | | |
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| | vas administratively dissolved on Octo | | | |
| | igned states that the grounds for diss | | | |
| satisfies the requi | rements of KRS 275.295. Enclosed is | s a check in the amount of \$ | 115.00, payable to Kentucky State | Treasurer. |
| Under penalty of p | erjury, the below signed hereby autho | orizes the Kentucky Departm | ent of Revenue to release any app | licable tax |
| | ning to Fisherville CC LLC to the Secr | | | |
| | (1) (1) (1) (1) (1) | | | 7 (D.14 220. |
| If not an officer of s | said entity, please provide a Declarati | on of Power of Attorney with | the Reinstatement Application. | |
| X Elm | lulade | Agent | 12/9 | /21 |

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

Fisherville CC LLC 332 Pounds Ln Simpsonville KY 40067 Notice Date:

December 16, 2021

KY SoS Org. ID:

1093031

RE:

Letter of Good Standing Request - Approved

SUMMARY

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.
- 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