rganization ID # 0618833 ate of origin KY Commonwealth of Kentucky ling fee \$145 Michael G. Adams, Secretary of St			t KY Secreta	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	Re	instatement Application instatement Annual Re For the years 2022 through 20	Fee recei n anu eport	port RST	
JAMESTOWN HEALTHCARE CLINIC, LLC 1417 NORTH MAIN STREET JAMESTOWN KY 42629 Registered Agent and Registered Office Address JERRY LAWSON		e principal office address and registerec ent name/office address cannot be chan; this form. When reinstating, you cannot odify the addresses until the reinstatement i ed. Once the reinstatement is filed, the atement of change will be filed.			
Member-managed LLCs are not required to JERRY W LAWSON	29 ess of the limited I	iability company's members. If not specified, address	ESTOWN,K	Y 42629	
STEPHANIE R JONES		1417 NORTH MAIN STREET, JAM	ESTOWN,K	Y 42629	
County: Business size:	Russell Small				

The above entity was administratively dissolved on 10/4/2022 because the entity did not file its annual report for the year 2022. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to JAMESTOWN HEALTHCARE CLINIC, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: JERRY LAWSON Title: PRESIDENT 3/1/2024

Health Services

Business type:



JAMESTOWN HEALTHCARE CLINIC, LLC 1417 NORTH MAIN STREET JAMESTOWN KY, 42629

Notice Date: March 1, 2024 KY SoS Org. ID: 0618833

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.			
	 You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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	 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. 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. 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 III Email: MeganD.Roberts@ky.gov Direct: 502-564-7310			