| rganization ID # 0722934 tate of origin KY ling fee \$160 Mic | Commonwealth of Kentucky chael G. Adams, Secretary of S | KY Secretary | 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 | Reinstatement Application Reinstatement Annual Re For the years 2021 through 20 | Fee receip Tanu Port | 2:27:14 PM t: \$160.00 RST | |
| MOTHER & SON, LLC EAST MAPLE STREE PO BOX 1187 SAYLERSVILLE KY 4 Registered Agent and Regis MOTHER & SON 1630 Burning FRK PO BOX 1187 SAYLERSVILLE, KY 4 | a of the limited liability company's members. If not specified, address | gent name/office au n this form. When nodify the addresses led. Once the reinst tatement of change | | |
| Member-managed LLCs are not required to TOMMI LEMASTER | | | | |
| TOMMI LEMASTER County: Business size: Business type: | P.O. BOX 1187 SALYERSVILLE,K Powell Small Hotels, Rooming Houses, Camps, and othe | UC | aces | |

The above entity was administratively dissolved on 10/18/2021 because the entity did not file its annual report for the year 2021. 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 MOTHER & SON, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

| Signature of Authorized Re | epresentative: Tommi L | emaster Title: Ow | ner/solemember | 5/3/2024 |
|----------------------------|------------------------|-------------------|----------------|----------|
|----------------------------|------------------------|-------------------|----------------|----------|



| MOTHER & SON, L 524 EAST MAPLE S SAYLERSVILLE KY | TREET PO BOX 1187 KY SoS Org. ID: 07229342 | |
|--|---|--|
| <i>RE</i> : | Letter of Good Standing Request - Approved | |
| SUMMARY | You requested a letter of good standing, and your early 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 | O 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 Decretary 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. | |
| G | Agent: James REVE277, Taxpayer Services Specialist III Email: James.Sutherland@ky.gov Direct: 502-564-7359 | |