Organization ID # 0811634 Commonwealth of Kentucky State of origin KY
Filling fee \$115.00 Alison Lundergan Grimes, Secretary of

0811634.06

amcray LRPF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/29/2014 8:31 AM Fee Receipt: \$115.00

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 year 2014

RST

Exact limited liability company name and principal office address
HOME & TOOL LIQUIDATIONS, LLC
185 DOE RUN RD
MOREHEAD KY 40351

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 agencies by a confidence of the downloaded from our website.

Registered Agent and Registered Office Address

Lonnie Ray Arnold 185 Doe Run Rd Morehead, KY 40351



| Managers - List the name and address of the limited hability company's managers. If not specified, addresses default to the LLC's principal office address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      |
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| LONNIE RAY AFINOLD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |
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| 2014. The undersigned states that the grounds for disso satisfies the requirements of KRS 275.295. Enclosed is under penalty of parjury, the below signed hereby authorized the states of the states o | tember 30, 2014 because the entity did not file its annual report for the year plution either did not exist or have been eliminated, and the entity's name a check in the amount of \$115.00, payable to Kentucky State Treasurer.  Prizes the Kentucky Department of Revenue to release any applicable tax to the Secretary of State, as required for reinstatement pursuant to KRS |
| If not an officer of said smitty, please provide a Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on of Power of Attorney with the Reinstatement Application.                                                                                                                                                                                                                                                                                                                          |
| X find                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6E0/owned 10/17/18                                                                                                                                                                                                                                                                                                                                                                   |
| Signature of member or manager (Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | / Title (Réquired) / Date (Required)                                                                                                                                                                                                                                                                                                                                                 |
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THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

December 29, 2014

Home & Tool Liquidations, LLC 185 Doe Run Rd Morehead KY 40351

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **Home & Tool Liquidations, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, 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,

Stephanie REVX219, Revenue Program Officer Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2028 FAX# 502-564-3392

Kentucky Secretary of State organization number 0811634

