Organization ID # 0789939 State of origin

Commonwealth of Kentucky Filing fèe \$130.00 Alison Lundergan Grimes, Secretary of Sta 0789939.06

bschell **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

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 years 2012 through 2013

1/7/2013 1:36 PM Fee Receipt: \$130.00

Exact limited liability company nai	me and principal office address
CAD, LLC	•
4512 WOLFSPRING DRIVE	
LOUISVILLE KY 40241	

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 app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Ade	dress		FEIN	(Ontional)	
JAN CONNELLY					
4512 WOLFSPRING DRIVE LOUISVILLE, KY 40241					
•		W			
Managers - List the name and address of the limited liability				LOUISVILLE,	KV 40241
JAN CONNELLY	4512	WOLLEGERING	DKI VE,	DOOLS VILLE,	11 40241
The above entity was administratively dissolved or 2012. The undersigned states that the grounds for	n September 1 r dissolution ei	1, 2012 because the	e entity did n have been e	ot file its annual report	t for the year tv's name
satisfies the requirements of KRS 275.295. Enclose	sed is a check	in the amount of \$1	30.00, payat	ole to Kentucky State T	reasurer.
Under penalty of perjury, the below signed hereby information pertaining to CAD, LLC to the Secreta	authorizes the	e Kentucky Departmered For reinstate	ent of Rever ement pursu	nue to release any app Jant to KRS 271B.14-2	licable tax 20.
If not an officer of said entity, please provide a De	claration of Po	wer of Attorney with	the Reinstat	tement Application.	
X Jan Connelle	W	anager		1/3	13
Signature of member or manager (Required)		ine (Require	a)	Date	e (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

January 7, 2013

CAD, LLC 4512 WOLFSPRING DRIVE LOUISVILLE KY 40241

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **CAD**, **LLC** has filed Kentucky Income Tax Returns through the tax year ended 2011, 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,

James Sutherland, Revenue Program Officer Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601 Phone: (502) 564-7359

Phone: (502) 564-7359 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0789939

