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balimonos  
LRPF

Organization ID # 0645040

State of origin KY

Filing fee \$145.00 Alison Lundergan Grimes, Secretary of State

## Commonwealth of Kentucky



0645

Alison Lundergan Grimes  
Kentucky Secretary of State

Received and Filed:

8/16/2017 8:13 AM

Fee Receipt: \$145.00

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 years 2015 through 2017

RST

## Exact limited liability company name and principal office address

HAIR SAY, LLC  
3912 OLYMPIC AVENUE  
LOUISVILLE KY 40207

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/research](http://app.sos.ky.gov/research) or can be downloaded from our website.

## Registered Agent and Registered Office Address

SUSAN K. AMUNDSEN  
3912 OLYMPIC AVENUE  
LOUISVILLE, KY 40207

## FEIN (Optional)

03-0602574

If the above company is included in a parent company's Kentucky tax return as a disregarded entity or a subsidiary, please provide the parent company's information here (optional):

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**Members** - List the name and address of the limited liability company's members. If not specified, addresses default to LLCs are not required to list their members.

SUSAN KATHRYN AMUNDSEN

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. 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 275.295. Enclosed is a check in the amount of \$145.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to HAIR SAY, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

\* Signature of member or manager (Required)

owner Title (Required)

8-9-17 Date (Required)



**DANIEL P. BORK**  
Commissioner

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

August 16, 2017

**HAIR SAY, LLC  
7015 CREEKTON DRIVE  
LOUISVILLE KY 40241**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HAIR SAY, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2016, 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,

Holly REVX186, Revenue Auditor III  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
Phone# (502) 564-7263  
FAX# (502) 564-0058

Kentucky Secretary of State organization number 0645040