Organization ID # 0485642 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

0485642.06

iclark **LRPF**

Michael G. Adams **Kentucky Secretary of State** Received and Filed:

11/24/2020 2:07 PM Fee Receipt: \$115.00

The principal office address and registered agent

name/office address cannot be changed on this

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.

form. When reinstating, you cannot modify the

RST

Michael G. Adams 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 2020

Exact limited liability company name and principal office address **CUMBERLAND VALLEY MEDICAL DEVELOPMENT, LLC** P.O. BOX 1620 275 HWY. 770 **CORBIN KY 40701**

Registered Agent and Registered Office Address

THOMAS A. HOY 2500 NATIONAL CITY TOWER LOUISVILLE, KY 40202

If the above company is included in a parent company's Kentucky tax return as a disregarde 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 the LLC's principal office address.. Member-managed LLCs are not required to list their members. MICHAEL SIMONS

The above entity was administratively dissolved on October 8, 2020 because the entity did not file its annual report for the year 2020. 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 \$115.00, 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 CUMBERLAND VALLEY MEDICAL DEVELOPMENT, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

provide a Declaration of Power of Attorney with the Reinstatement Application. If not an officer of

www.revenue.ky.gov Website: Phone: 502-564-8139 Fax: 502-564-0058

CUMBERLAND VALLEY MEDICAL DEVELOPMENT, Notice Date: November 24, 2020 KY SoS Org. ID: 0485642 LLC

P.O. BOX 1620 275 HWY. 770 CORBIN KY 40701

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.

We verified the following information. **OUR DETERMINATION**

1. You are registered with the Department of Revenue.

2. An authorized person requested this letter.

You filed income and LLE tax returns as required, or you are exempt from

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 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 Secretary 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.

Agent: Dottye REV3769, Taxpayer Specialist I

Email: Dottye.Roberts@ky.gov

Direct: 502-564-0102