

Organization ID # 0614044
State of origin KY
Filing fee \$160.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State



0614044.06

bschell
LRPF

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
1/31/2012 3:23 PM
Fee Receipt: \$160.00

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 2009 through 2012

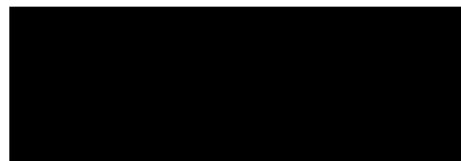
Exact limited liability company name and principal office address

COLSON MEDICAL AND REHABILITATION SERVICES, LLC
435 LAKEVIEW DR.
MAYFIELD KY 42066

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 Address

MARIA COLSON
435 LAKEVIEW DR.
MAYFIELD, KY 42066



Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

~~AARON WAYNE COLSON~~ ← name needs to be removed

MARIA DAWN COLSON 632 North 12th Street, #185 Murray, KY 42071

The above entity was administratively dissolved on November 3, 2009 because the entity did not file its annual report for the year 2009. 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 \$160.00, 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 COLSON MEDICAL AND REHABILITATION SERVICES, 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.

X Maria Colson

Signature of member or manager (Required)

CEO

Title (Required)

1/28/12

Date (Required)



THOMAS B. MILLER
Commissioner

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

ELYSE WEIGEL
Deputy Commissioner

BOB BROOKS
Executive Director

January 31, 2012

**COLSON MEDICAL AND REHABILITATION SERVICES, LLC
299 BRIDLEWOOD DR
MURRAY, KY. 42071**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **COLSON MEDICAL AND REHABILITATION SERVICES, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, 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,

Frankie Eden, Revenue Auditor II
Division of Corporation Tax
501 High Street, Mail Sta. 69
Frankfort, KY 40601
502-564-7394
FAX# 502-564-3392

Kentucky Secretary of State organization number 0614044