Organization ID # 0547645 Commonwealth of Kentucky State of origin Filing fee \$130.00 Alison Lundergan Grimes, Secretary of Sta

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vmiller **LRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 7/9/2019 10:38 AM Fee Receipt: \$130.00

RST

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 2018 through 2019

Exact limited liability company name and principal office address

SHADOW DOG, LLC **SUITE 600 271 WEST SHORT STREET LEXINGTON KY 40507**

Registered Agent and Registered Office Address

THOMAS C. MARKS SUITE 600 271 WEST SHORT STREET LEXINGTON, KY 40507

Name

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional): FFIN

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.

The principal office address and registered agent

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-manag LLCs are not required to list their members. DEREK D. VAUGHAN	gou
W. STOLL VAUGHAN	

The above entity was administratively dissolved on October 16, 2018 because the entity did not file its annual report for the year 2018. 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 \$130.00, 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 SHADOW DOG, 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.

(Required) Signature of member or manager (Required)

Website: www.revenue.kv.gov Phone: 502-564-8139

July 9, 2019

0547645

502-564-0058 Fax:

Notice Date: KY SoS Org. ID:

SHADOW DOG, LLC SUITE 600 **271 WEST SHORT STREET LEXINGTON KY 40507**

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.

OUR DETERMINATION

We verified the following information.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- 3. You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. 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: Bruce REV3968, Taxpayer Services Specialist II

Email: Bruce.Owens@ky.gov

Direct: 502-564-2038