Organization ID # 0833145 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0833145.06

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Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 10/17/2013 1:35 PM Fee Receipt: \$115.00

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 year 2013

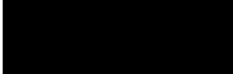
Exact limited liability company name and principal office address RIVER CITY HEALTHCARE SOLUTIONS LLC **5413 PUEBLO ROAD LOUISVILLE KY 40207**

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

Registered Agent and Registered Office Address

Hal Clark 5413 Pueblo Road Louisville, KY 40207



Louisvillo, IVI 40207		
Members - List the name and address of the limited liability comp	pany's members. If not specified, addresses default to the LLC's princi	ipal office address Member-managed
LLCs are not required to list their members.		
The above entity was administratively dissolved on Sc 2013. The undersigned states that the grounds for dis satisfies the requirements of KRS 275.295. Enclosed	ssolution either did not exist or have been eliminated	d, and the entity's name
Under penalty of perjury, the below signed hereby au information pertaining to River City Healthcare Solution 271B.14-220.		
If not an officer of said entity, please provide a Declar	ration of Power of Attorney with the Reinstatement A	Application.
x Hal lale	Partner	10/14/13
Signature of member or manager (Required) > 184	Title (Required) 😘	Date (Required) ** ***



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

October 17, 2013

River City Healthcare Solutions LLC 5413 Pueblo Road Louisville KY 40207

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **River City Healthcare Solutions LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, 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,

Janice Sexton, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7310 FAX# 502-564-0058

Kentucky Secretary of State organization number 0833145

