Organization ID # 0432146 **Commonwealth of Kentucky** State of origin Filing fee \$175.00 Alison Lundergan Grimes, Secretary of Sta 8/27/2013 1:08 PM

mstratton 0432146.06 **LRPF** Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: Fee Receipt: \$175.00

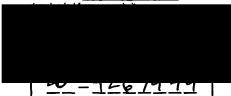
Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Reinstatement Application and **Reinstatement Annual Report** For the years 2009 through 2013

**RST** 

Exact limited liability company name and principal office address RUSSELLVILLE CHIROPRACTIC, LLC 909 WEST NINTH ST

STE A **RUSSELLVILLE KY 42276**  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



Registered Agent and Registered Office Address

JAY JOINES, ATTY 155 W. 5TH STREET **RUSSELLVILLE, KY 42276** 

| DAVID A POE | 909 West 9th Sta Lussellville 15 42276 |  |  |
|-------------|--|--|--|
|             |  |  |  |
|             |  |  |  |

satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$175.00, 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 RUSSELLVILLE CHIROPRACTIC, LLC to the Secretary of State, as required for reinstalement pursuant to KRS 271B.14-220.

| f not an officer of said entity please provide a Declaration of Power of Attorney with the Reinstatement Application.  **X** |                  |                 |  |  |
|--|------------------|-----------------|--|--|
| x Danisbart  | Member, ownER    | 8/21/13         |  |  |
| Signature of member or manager (Required)  | Title (Required) | 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

August 27, 2013

RUSSELLVILLE CHIROPRACTIC, LLC 909 WEST NINTH ST STE A RUSSELLVILLE KY 42276

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **RUSSELLVILLE CHIROPRACTIC**, **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,

M. L. Parker, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7253 FAX# 502-564-0058

Kentucky Secretary of State organization number 0432146

