ganization ID # 1258352			LRPF 1258352 Michael G. Adams KY Secretary of State Received and Filed	
te of origin KY ng fee \$115 Mic	Commonwealth of Kentucky hael G. Adams, Secretary of S	Michael G. / KY Secretar		
Michael G. Adams	<b>Reinstatement Application</b>	11/19/2024 11:20:51 AM Fee receipt: \$115.00		
Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov	Reinstatement Application Reinstatement Annual Re For the year 2024		RST	
Exact limited liability compar COVENANT CLAIMS S 212 N. 2ND ST. STE 100 RICHMOND KY 40475	OLUTIONS LLC	The principal office address and registered agent name/office address cannot be char on this form. When reinstating, you cannot modify the addresses until the reinstatement filed. Once the reinstatement is filed, the statement of change will be filed.		
Registered Agent and Registered Registered Agents Inc. 212 N. 2nd St. STE 100 Richmond, KY 40475	ered Office Address			
Members - List the name And addre Member-managed LLCs are not required to li	<b>ss</b> of the limited liability company's members. If not specified, address	es default to the L	LC's principal office add	
EVAN DOLLAR	8279 HWY 705 WEST LIBERTY	KY 41472		
County:	Morgan	G		
Business size:	Small			

The above entity was administratively dissolved on 10/12/2024 because the entity did not file its annual report for the year 2024. 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 14A.3-010; and that the entity has taken no steps to wind up and liquidate its business and affairs.

Insurance Agents, Brokers and Service

Business type:

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to Covenant Claims Solutions LLC to the Secretary of State, as required for reinstatement pursuant to KRS 14A.7-030.

Signature of Authorized Representative: Robin Jones Title: Authorized Signer 11/19/2024



<b>Covenant Claims Solutions LLC</b>	Notice Date:	November 19, 2024
8279 Highway 705	KY SoS Org. ID:	1258352
West Liberty KY, 41472		

RE:	Letter of Good Standing Request - Approved	
SUMMARY	You requested a letter of good standing, and your entity is in <b>good standing</b> with the Department of Revenue.	
OUR DETERMINATION	We verified the following information.	
	<ol> <li>You are registered with the Department of Revenue.</li> <li>An authorized person requested this letter.</li> <li>You filed income and LLE tax returns as required, or you are exempt from filing.</li> <li>You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.</li> <li>This notice will remain current for 30 days from the notice date above.</li> </ol>	
WHAT YOU NEED TO DO	<ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	
AGENT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: William REV4818, Revenue Auditor I Email: William.Correll@ky.gov Direct: 502-564-7387	