| IIY IEE \$115.00 | Commonwealth of Kentucky ael G. Adams, Secretary of St | 1281858 Michael G. Ada KY Secretary of Received and F | of State |
|--|---|---|-------------------------|
| Michael G. Adams 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 | ПСТ | |
| RILEY CLAIM SOLUTIONS LLC 132 ROBARDS CT HARRODSBURG KY 40330 | | he principal office address and registered gent name/office address cannot be chang n this form. When reinstating, you cannot nodify the addresses until the reinstatement i led. Once the reinstatement is filed, the tatement of change will be filed. | |
| Registered Agent and Registere Zachary Riley 132 Robards Ct Harrodsburg , KY 40330 | | ionent of ondige w | in be fried. |
| Managers - List the name And address ZACHARY PAUL RILEY | of the limited liability company's managers. If not specified, address | es default to the LLC | C's principal office ad |

County: Business size: Business type: MERCER Small Miscellaneous Services

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.

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

Signature of Authorized Representative: Zachary Riley Title: Owner 11/12/2024



| RILEY CLAIM SOLUTIONS LLC |
|----------------------------------|
| 132 Robards Ct |
| Harrodsburg KY, 40330 |

| Notice Date: | November 12, 2024 |
|-----------------|-------------------|
| KY SoS Org. ID: | 1281858 |

| 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. | |
| | You are registered with the Department of Revenue. An authorized person requested this letter. You filed income and LLE tax returns as required, or you are exempt from filing. 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 | 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. 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. 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. | |
| AGENT INFORMATION | If you have any questions regarding this notice, please contact me. Thank you. Agent: Angie Morris Direct: 502-564-7327 | |