| Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | Reinstatement Appli Reinstatement Annu For the years 2014 thro | ual Report RST |
|---|--|--|
| Exact limited liability company nan LAW OFFICES OF CHARLI 5656 KIDDVILLE LANE LEXINGTON KY 40515 | | The principal office address and regis ered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. One the reinstatement is filed, the statement of cha can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website. |
| Registered Agent and Registered C CHARLES KELLY KILGORE 5656 KIDDVILLE LANE LEXINGTON, KY 40515 If the above company is included in a par company's information here (optional); FEIN:Name: | | FEIN (Optional) |
| Members - List the name And address of th LCs are not required to list their members. CHARLES KELLY KILGORE | ne limited liability company's members If not specified, addr | resses default to the LLC's principal office address Member-mana |

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to LAW OFFICES OF CHAR S KELLY KILGORE, LLC t o the Secretary of State, as required for rei...statement pursuant to KRS 271B.14-220.

If not an officer of said entitie place are ide a Declaration of Power of Attorney with the Reinstatement Application.

| X | C Killy Kilgore 22 12 12 12 12 12 | Owner, Senior Attorney | 12/28/19 |
|----------|---|------------------------|-----------------|
| 1 | Signature of member of Manager (Required) | Title (Required) | Date (Required) |