Organization ID # 0665063 Commonwealth of Kentucky
State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0665063.06

amcray LRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 11/3/2016 11:19 AM Fee Receipt: \$115.00

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 year 2016

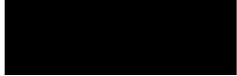
**RST** 

Exact limited liability company name and principal office address
RIVERCITIES OCCUPATIONAL THERAPY, LLC
1445 JOMAR ROAD
ASHLAND KY 41102

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 <a href="mailto:app.sos.ky.goyff:search">app.sos.ky.goyff:search</a> or can be downloaded from our website.

## Registered Agent and Registered Office Address

DEBORAH JO ALLEN 1445 JOMAR ROAD ASHLAND, KY 41102



<b>Members</b> - List the name and address of the limited liability of LLCs are not required to list their members.	company's members. If not specified, addresses default to the LLC's	principal office address Member-managed
DEBORAH JO ALLEN		
The undersigned states that the grounds for disso	n October 1, 2016 because the entity did not file its lution either did not exist or have been eliminated, k in the amount of \$115.00, payable to Kentucky S	and the entity's name satisfies the
Under penalty of perjury, the below signed hereby information pertaining to RIVERCITIES OCCUPAT pursuant to KRS 271B.14-220.	authorizes the Kentucky Department of Revenue FIONAL THERAPY, LLC to the Secretary of State,	to release any applicable tax as required for reinstatement
If not an officer of said entity, please provide a De	claration of Power of Attorney with the Reinstatem	ent Application.
X Subcral faller	manker	16-19-16
Signature of member of manager (Required)	Title (Required)	Date (Required)



DANIEL P. BORK
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

November 3, 2016

## RIVERCITIES OCCUPATIONAL THERAPY, LLC 412 CARDINAL RD. RUSSELL KY 41169

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **RIVERCITIES OCCUPATIONAL THERAPY, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2015, 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,

Jerry REV3782, Revenue Auditor II Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601

Phone: (502) 564-7370 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0665063

