iling fee \$115.00 IVIIC	hael G. Adams, Se	ecretary of Sta	Michael G. Adams	
		· · · · · · · · · · · · · · · · · · ·	Kentucky Secretary of	State
· · · ·			Received and Filed:	
Michael G. Adams	<u> </u>		1/24/2022 3:40 PM	
Secretary of State	Reinstatement	Application an	Fee Receipt: \$115.00	
P. O. Box 718	Reinstatement			1
Frankfort, KY 40602-0718		-	L	
(502) 564-3490	For the y	ear 2021	-	
http://www.sos.ky.gov			· .	
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act limited liability company name	and principal office address	The princ	pal office address and registered a	gent
	LIMITED LIABILITY COMPANY		ce address cannot be changed on t	his
414 6TH ST			en reinstating, you cannot modify the until the reinstatement is filed. Once	the
SHELBYVILLE KY 40065		reinstatem	ent is filed, the statement of change of	an be
		filed online be dowplo	at <u>https:\web.sos.ky.gov\ftsearch</u> a aded from our website.	or can
		and the second		1
egistered Agent and Registered Of	<u>lice Address</u>	FEIN (C	Optional)	
Lizette Rodriguez				
414 6th St				
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Shelbyville, KY 40065 the above company is included in a pare mpany's information here (optional): IN: Name: anagers - List the name And address of the anagers - List the name And address of the anagers - List the name And address of the address of the name And address of the add	limited liability company's managers. If not s	pecified, addresses default to the	e its annual report for the ye	ar 2021
Shelbyville, KY 40065 he above company is included in a pare mpany's information here (optional): IN: Name:	limited liability company's managers. If not s	pecified, addresses default to the cause, the entity did not fil st or have been eliminate	e its annual report for the ye	ar 2021

pursuant to KRS 271B.14-220. If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X PK ROL	<u> </u>	ER	s <u> </u>	Dec. 28,2021
Ignaturator prember Or manager (Require	ed)	Title (Required)	I BEAL AND I	Date (Required)
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Balm Highlights Salon LIMITED LIABILITY COMPANY Notice Date:		January 13, 2022
414 6th st	KY SoS Org. ID:	1108065
Shelbyville KY 40065		

<i>RE</i> :	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>	
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Megan REVY099, Taxpayer Services Specialist I Email: MeganD.Roberts@ky.gov Direct: 502-564-7310	