Michael G. Adams	el G. Adams		1040566.06 balimonos LRPF Michael G. Adams Kentucky Secretary of State Received and Filed: 6/30/2020 4:35 PM Fee Receipt: \$130.00	
Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov			RST	
Exact limited liability company nar LELIAH HOME HEALTH LI 7911 SMYRNA PKWY LOUISVILLE KY 40228		name/office add form. When rein addresses until th reinstatement is	fice address and registered agent tress cannot be changed on this stating, you cannot modify the re reinstatement is filed. Once the filed, the statement of change can be <u>p.sos.kv.gov/ftsearch</u> or can be our website.	
company's information here (optional): FEIN: <u>83-257209</u> Name: 83-2572091	rent company's Kentucky tax return as a disregarde eligh Home Health the limited liability company's managers. If not specified, addresses de		t	

The above entity was administratively dissolved on October 16, 2019 because the entity did not file its annual report for the year 2019. 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 275.295. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to LELIAH HOME HEALTH LIMITED LIABILITY CO to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, place provide a Declaration of Power of Attorney with the Reinstatement Application.

Х Date (Required) Signature of member Or manager (Required)



LELIAH HOME HEALTH LIMITED LIABILITY CO	Notice Date:	June 23, 2020
7911 Smyrna Pkwy	KY SoS Org. ID:	1040566
Louisville KY 40228		

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>		
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you. Agent: Bruce REV3968, Taxpayer Services Specialist II Email: Bruce.Owens@ky.gov Direct: 502-564-2038		