		04068	67.09 ^{kdcoleman} PRPF
Organization ID # 0406867 State of origin KY Filing fee \$130.00 M	Commonwealth of Kentucky ichael G. Adams, Secretary of S	State Received 2/4/2021	Secretary of State and Filed:
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 Rep For the years 2020 through 202	port	RST
Exact organization name and princ	ipal office address	principal office address	and registered agent
NICK S FRAKMACY, INC.	nar for	e/office address cannot n. When reinstating, you c	be changed on the
181 CLARK LINE RD.	add.	messa until the reinstatem	ent is liked, Unce ine
PADUCAH KY 42003	Circle 2	statement is filed, the state	ement of change can be
Registered Agent and Registered O RICK TIMMONS 300 ACORN LANE PADUCAH, KY 42003 If the above company is included in a pare company's information here (optional): FEIN: Name:	nt company's Kentucky tax return as a disregarded entity or	a subsidiary, please	provide the parent
Principal Officers - List the name, address	a and title of all current officers. All organizations must list at least one	(1) officer, even in the ca	se of a sole officer. If not
Principal Officers - List the name, address	flice address. Corporations are required to list a Secretary or other offic	(1) officer, even in the ca er serving as records cus	se of a sole officer. If not lodian
Principal Officers - List the name, address specified, officer addresses default to the principal of President	The address. Corporations are required to list a Secretary or other offic IONS	ar serving as records cus	
Principal Officers - List the name, address specified, officer addresses default to the principal of President RICK TIMN	The address. Corporations are required to list a Secretary or other offic IONS	ar serving as records cus	
Principal Officers - List the name, address specified, officer addresses default to the principal of President RICK TIMN	The address. Corporations are required to list a Secretary or other offic IONS	ar serving as records cus	
Principal Officers - List the name, address specified, officer addresses default to the principal of President RICK TIMN President RICK TIMN Prectors - List the name And address of all di rector addresses default to the principal office address addresses addresses a	The address. Corporations are required to list a Secretary or other offic IONS	not file its annual	report for the year 202 entity's name satisfies

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application. X Ruck Turnman Signature of officer Or chairman of the board (Required) Title (Required)

01 0

Date (Required)



RICK'S PHARMACY, INC. 181 CLARK LINE RD. PADUCAH KY 42003

Notice Date:	February 4, 2021
KY SoS Org. ID:	0406867

RE:	Letter of Good Standing Request - Approved You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.			
SUMMARY				
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	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. 			
CONTACT INFORMATION	If you have any questions regarding this notice, please contact me. Thank you.			
	Agent: Tonja REV3883, Taxpayer Services Specialist II Email: Tonja.Lilly@ky.gov Direct: 502-564-7289			



COMMONWEALTH OF KENTUCKY OFFICE OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION P.O. Box 948 FRANKFORT, KY 40602-0948 (502) 564-2272 <u>https://kewes.ky.gov</u> UITax@KY.GOV

Date: 02/04/2021

RICK'S PHARMACY, INC.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Office of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Richard Lemay Office of Unemployment Insurance PO Box 948 Frankfort, Kentucky 40602-0948 Phone: (502) 564-2272 Email: UITax@KY.GOV

Kentucky Secretary of State organization number 0406867

